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REPORTER'S RECORD  
VOLUME 54 OF 57 VOLUMES

TRIAL COURT CAUSE NO. F09-59380-S

CASE NO. AP-76,458

THE STATE OF TEXAS : IN THE 282ND JUDICIAL  
VS. : DISTRICT COURT OF  
GARY GREEN : DALLAS COUNTY, TEXAS

EXHIBIT VOLUME  
(STATE'S EXHIBITS 1 THROUGH STATE'S EXHIBITS 118A)

FILED IN  
COURT OF CRIMINAL APPEALS  
MAR 23 2011

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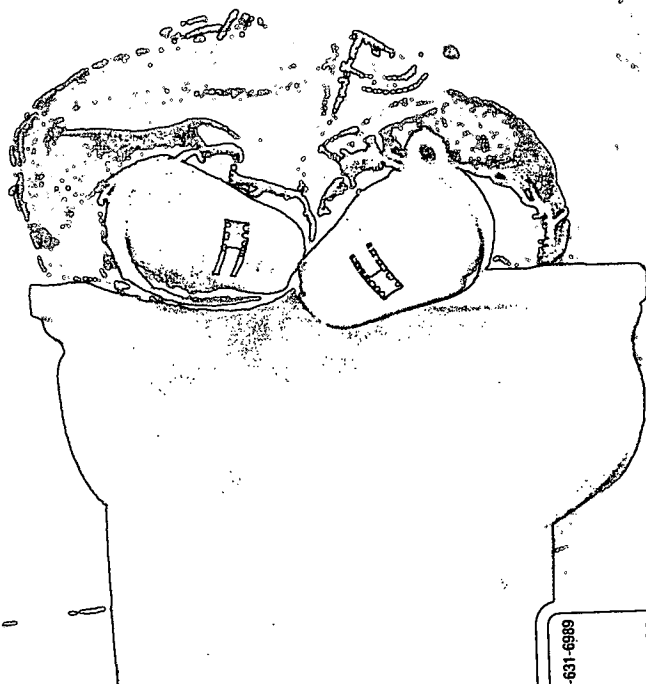
**Louise Pearson, Clerk**

On the 29th day of September, 2009, through the 5th day of  
November, 2010, the following proceedings came on to be heard  
in the above-entitled and numbered cause before the Honorable  
Andy Chatham, Judge Presiding, held in Dallas, Dallas County,  
Texas:

Proceedings reported by machine shorthand computer  
assisted transcription.

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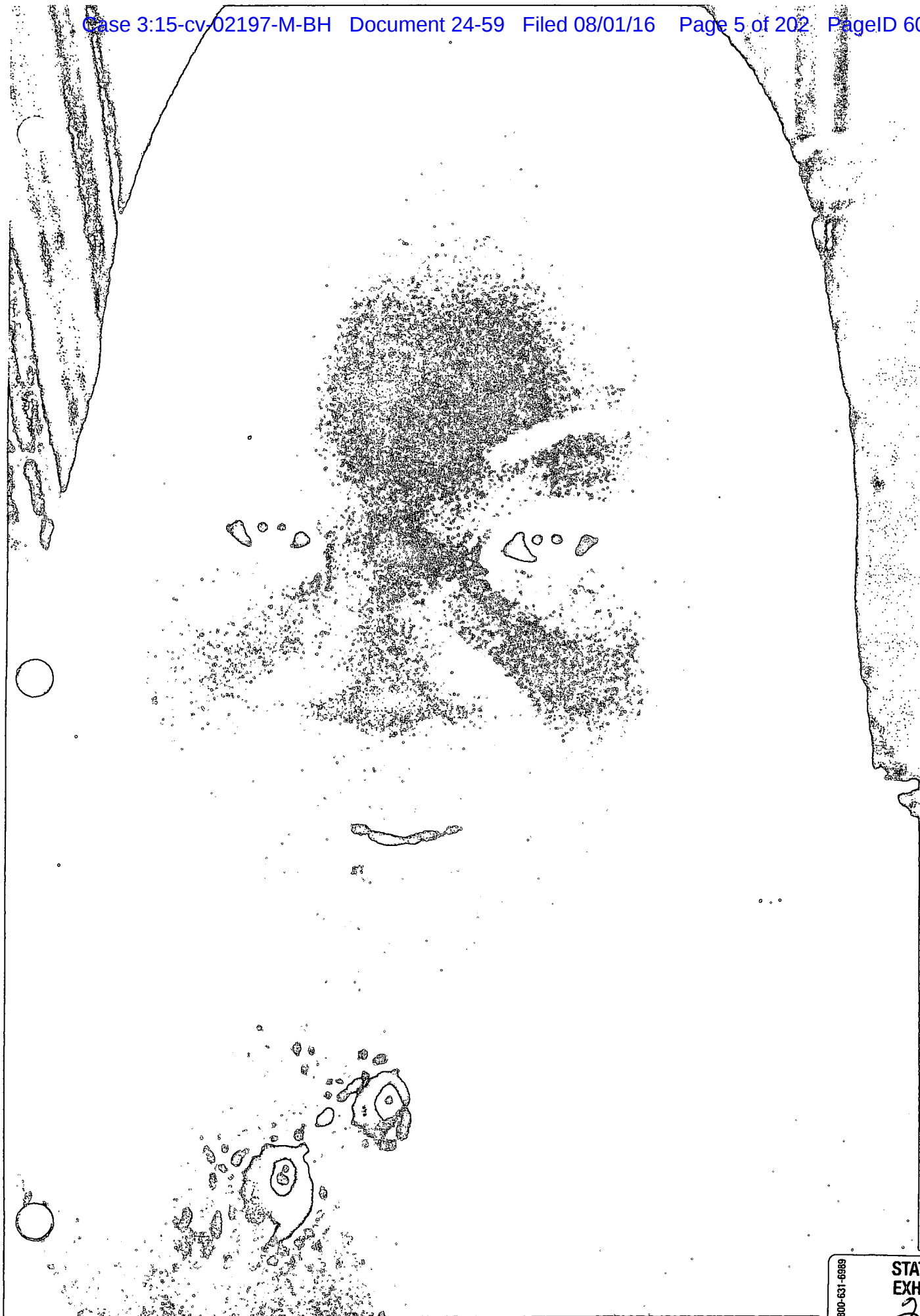
State's Exhibit Number 1  
Photograph  
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State's Exhibit Number 2  
Photograph  
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STATE'S  
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State's Exhibit Number 3

Photograph

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State's Exhibit Number 4  
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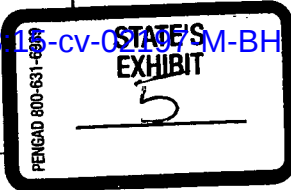
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State's Exhibit Number 5  
Lovetta's Letter  
(Copy Attached)



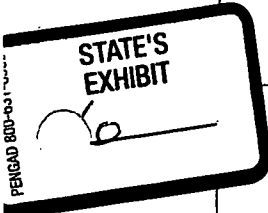
Renee Lettla, 08/31/08/7:30

Gary, I know you think that this was all some kind of plot to get revenge on you and because of me you have no back-up plans or as you say no other bridges. As much as I want to believe we can work I know we can't. I know you love me and I love you but its time we part. I think you were right when you said the timing wasn't right. I want you to get on your feet were you can have your own place and aint gotta depend on no woman. I want a lot of things to change in my life as well. I want to love me more and be a better mama so I don't have to depend on nobody else 4 my happiness. Love Always  
Renee Lettla

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State's Exhibit Number 6  
Lovetta's Letter  
(Copy Attached)





Gary.

Pain level #49 09/21/09

12:45pm

Okay I didn't want to put this c  
there like this because I was try  
to keep the peace. I understand w  
you coming from and you're right  
because the truth of the matter is  
I should've let you stayed gone  
Not for the reasons you feel but  
because I already had doubts abo  
us. But I thought if we got more  
it would erase those doubts it did

I am not trying to hurt you but  
I have to do what's best for a  
just like all those times you play  
me you were doing what you  
was best for you. Just like when y  
went and spent the rent money  
on a truck that you put in another  
woman's name you did what you  
had to do even though it left  
me stuck out. So now it's time  
for me to do what I have to do  
and that's be by my damn self  
so I can heal. I love you  
But you gotta go 2day!!

T. can't get sucked back in

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State's Exhibit Number 7  
Defendant's Letter  
(Copy Attached)

September 21, 2016

Lewellyn,

you made me lose everything! When we had broke up and I moved before you; the kids went up state. You said if I or you let me come back home I'll have to marry you so we did two weeks later. I lost me truck behind ~~being~~ being with you when someone else (another woman) helped me get it! But I didn't care about that so much because I know we had each other but all alone you had other plans. You see you make all of this bullshit we been through is on me but you are the reasons why I am homeless you you that make plans to divorce me behind my back and plus we haven't been married (90 days) Lewellyn you telling me to get out your house in we are married at that time for only 1 month. I was working for me a truck because you said you was going out of town which you pepped on me at the last minute. Saying we are going out of town for a week (the kids) & the kids. So I would have to find me a way to work & bail for a week. You see you could just leave me without no transportation and let your cousin drive all the way down here from Houston, her & her son to get in the car with you and your kids! Which is bullshit! Bullshit! When I married you I didn't no wrong by you for you to act this way by me. Lewellyn, was a woman who really did love me unconditionally and you took that from me because you said you loved me and as my wife you would be a better person as a wife. I'm truthfully I really believe you! But no matter how you try to keep the truth

When they become sick & be the one who take care of them. ~~But~~ not you me anything. ~~But~~ I have know you I have gave you my last (morning). You got some money you played as if you don't have any money. Now, after we got married you called Leticia her to let her know we had got married why? To set in motion the fucking you had planned to put me. Now you ~~the~~ know you didn't want me so you made it where she ~~didn't~~ didn't also. When I married you I knew the type of money Leticia would get but I married you and ~~you~~ you left me homeless because you don't want me ~~anywhere~~ where no one else ~~can~~ <sup>would</sup>.

Now I don't have anywhere to live because of your backhand ass thinking. You never had planned on getting your last name changed at all because you was and is on some bullshit. I'm you have the nerve to say that I'm the problem in our family. The kids don't think I like them and all other bullshit. Well they are bad things the reasons why you don't deal with them and never have. Now, I am today at your house with your 9 year old son because the school said he can't come back until Wednesday. Now keep in mind you come to pick me up ~~today~~ yesterday last night. But when I got here I find out I had to keep him which don't get me wrong I don't have a problem with it. But I'm just making a point. The point being people you too have made out to be the bad guy. When something happen at the schools with these kids I was the one who went to the schools when you was home with me when the schools called at just one time but all the times!

Now I am tired of you making me out to be the bad guy when you and your kids a backhand because I you you don't have no guidance because your moma, <sup>gave</sup> it to you. Because she like to run the streets



There was a woman who was going to give me <sup>7300</sup> cash  
just to give her some which she knew I had a woman  
at home. I told you about it and Ruth. You said, you don't  
have a woman to give you nothing but you wouldn't  
help me or give me nothing. ~~I~~ I told you I would use  
the money to make a better life for all of us. Ruth said  
in so many ways I was crazy she would have got that  
me anyway. You was getting when ~~we~~ first got to-  
gether thousands of dollars every (90) days from the colleges  
a refund check. Ruth, you wouldn't do anything positive  
with money. You played me and now the game is up.  
I play that the Lord allows my soul to enter Heaven  
if not I will burn in Hell forever. You know I was  
depend on my child support ~~for~~ years before we became  
married but you was so much in a rush to marry me.  
But as soon as you did you talked to all these bitches  
about me and our relationship you accused the child  
and to destroy us.  
But you kids to fuck everybody <sup>in</sup> some type of  
way and you look the other way as if it didn't happen.  
All your so called and family all they do is fuck over  
and you always tell the other way. But the one people in  
your life who really care to look out for us all me look  
you you fuck me. I payed my money to get all of us  
some Life Insurance. What men in your life ever did  
that for you and yours? No. Because we were a family  
so I got us insurance. Now you turn around and  
say this or that, you know Ruth, you never tell the  
truth. Just like when you was try to go out when  
you knew I was going so you wanted to leave the kids  
here at home by themselves. But I wouldn't let you. So  
I had to go through all this bullshit with Ruth over  
the kid. She saying she wanted to shoot me over me  
try to stop you from leaving them here alone which they  
is the kids was at that time was 5, 8, 10 years old.  
So you see people calling me crazy all ~~the time~~  
but to me it was with behind you and family.

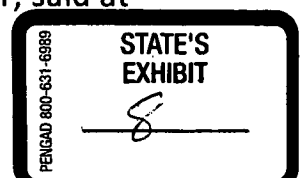
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State's Exhibit Number 8  
Translation of State's Exhibit 7  
(Copy Attached)

September 21, 2009

Lovetta,

you made me lose everything! When we had broke up and I moved before you & the kids went up state. Lou said, if I or you let me come back home I'll have to marry you so [ILLEGIBLE—we] did two weeks later. I lost me truck behind being with you when someone else (another woman) [ILLEGIBLE—get it or get at]! But I didn't care about that so much because I knew we had each other but all alone you had other plans. You see you make all of this bullshit we been through is on me but you are the reason(s) why I am homeless you [ILLEGIBLE] had made plans to divorce me behind my back and plus we haven't been married (90) days. Lovetta you telling me to get out you house [ILLEGIBLE—in or an] we are marrie at that time for only 1 month. I was working get me a truck because you said you was going out of town which you popped on me at the last minute. Saying we are going out of town for a week (yourself & the kids). So I would have to find me a way to work & back for a week. You see you could just [ILLEGIBLE—leave] me without no transportation and let your cousin drive all the way down there from Houston, [ILLEGIBLE—his] & her son to get in the car with you and your kids! Which is bullshit! Bullshit! When I married you I didn't no wrong by you for you to act this way be me. LeNell, was a woman who really did love me unconditionally and you [ILLEGIBLE—take or toke] that from me because you said you loved me and as my wife you would be a better person and wife. I'm truthfully I really believed you! But no matter how you try to keep the truth [PAGE 2] covered up you can't because is the light truth. In the truth about you is you was setting me up from the start secretes, yes, I said with your secrets live you was against me all alone. Listening to you momma who is a woman that doesn't know anything [ILLEGIBLE] about relationships. She is married and always lived her life as a single woman. She doesn't know if she like men or women or for that matter can't stay devoted to anybody. [ILLEGIBLE—In or Is] all your so called friends putting me down. [ILLEGIBLE—In or Is] no ne of the people you talk to about me or our relationship is right in their relationship they cheat around and the one's who don't have a man is just women of the world out there [ILLEGIBLE] fucking & sucking and you take what these type of people say to heart. The Pastor, said at



church a couple of weeks ago that the people in the world are backward evil life is the same word but our is backward. There are backward people in this world. Lovetta, I be here with your kids more than you do one on one. I am around you and your family 24-7 and all they try to do is knife me in the back. Lovetta, I'm no the best man in the world but I was the best for you and I thought you was the best for me. When I lost me job I talked it over with you (3) times the days before I walked away from the job. I started my paper work for my SSI & Disability and said that's cool by you three different times. But so after another [ILLEGIBLE—said or side] of you came out! You never did enter into our marriage being a [ILLEGIBLE—devoted] wife you became worst with you tring to control me but you don't never try to control these little monster ass kids of yours once. [PAGE 3] When they became sick I be the one who take care of them not you me everytime. Lovetta, since I have know you I have gave you my last money. You get some money you play as if you don't have any money. Lovetta, after we got married you called [ILLEGIBLE] [ILLEGIBLE] her to let her know we had got married, why? To set in motion the fucking you had planned to [ILLEGIBLE] me. How? You knew you didn't want me so you made it where she [ILLEGIBLE—bloodstain] didn't also. When I married you I knew the type of money [ILLEGIBLE] would get but I married you and for what? You left me homeless because you don't want me and made where no one else would!

Know I don't have [ILLEGIBLE—bloodstain] here to live because of your backward ass thinking. You never had planned on getting your last name changed at all because you was and is on some bullshit. In you have the nerve to say that I am the problem in our family. The kids don't think I like them and all other bullshit. Hell, they are bad things the reasons why you don't fool with them and never have. Here, I am today at your house with your 9 year old son because the school said he can't come back until Wednesday. Now keep in mind you come to pick me up yesterday last night. But when I get here I find out I had to keep him which don't get me wrong I don't have a problem with it. But I'm just making a point. The point being people you too have made out to be the bad guy when something happen at the schools with these kids. I was the one who went to the



schools when you was home with me when the schools called at just one time but all the times!

Lovetta, I am tired of you making me out to be the bad guys when you and your kids or backward because of you you don't have no guidance because your moma, didn't give it to you. Because she like to run the streets [PAGE 4] your sister at home now with your mother. your mother don't be a devoted mother to her because it's about what she want to do comes first running the streets drinking & partys, as you do. I am so tired of this bullshit that I can't take it no more. So you say fuck me I say fuck you! So I am going to end it all you or not going to fuck me like that and just walk away. So you think I wish to die? No! But the fucking you have placed on me I can't look look the other way on this shit, Lovetta. All the shit I had to put up with for the last almost 3 years. No more Lovetta, no more. You have made my life a living hell on earth. I am up to my neck with this shit. Everytime my back is turned you and your kids talking about me when I am the one who takes care of them. You yourself is a big a baby who thinks everything suppose to go your way. Lovetta, you killed us all it is what it is. Every-time I tried to talk to you your the victim. I am the fucking victim. When I got my truck after you said you would be gone for a whole week. I was the bad guy because of that let you tell it. But how many times you have waited to pay a bill or two to get your hair done and shit? Numerous times. Over \$300.00 a pop. But when you I did at to get me some transportation because you was going to leave me here with anyway to or from work. That's why I got the truck. You wanted me to pay bills which I did and work which I did but at the price of showing me no respect as a man or as a person.

You asked to see the monster so here he is the monster you made me! Bitch. They will be 5 lives taken today me being the 5<sup>th</sup>! Because I can't go back to prison I 8 months on parole to try to get my life back after all those years but no you wish to believe you can continue to play these games with me. [PAGE 5] There was a woman who was going to give me \$3,500 cash just to give her some [ILLEGIBLE] she knew I had a woman at home. I told you about it and Ruth. You said, you don't need no woman to give you nothing but you wouldn't help me or give me nothing. I told you I would use the money to make a better life for all of

us. Ruth said in so many ways I was crazy she would have got that me anyway. You was getting when we first got together thousands of dollars every (90) days from the colleges a refund check. Lovetta, you wouldn't do anything [ILLEGIBLE] with money. You played me and now the game is up! I play that the Lord allows my soul to enter Heaven if not I will burn in Hell forever. You knew I was behind on my child support years before we became married but you was so much in a rush to marry me. But as soon as you did you talking to all these bitches about me and our relationship you allowed the [ILLEGIBLE—devil] in to destroy us!

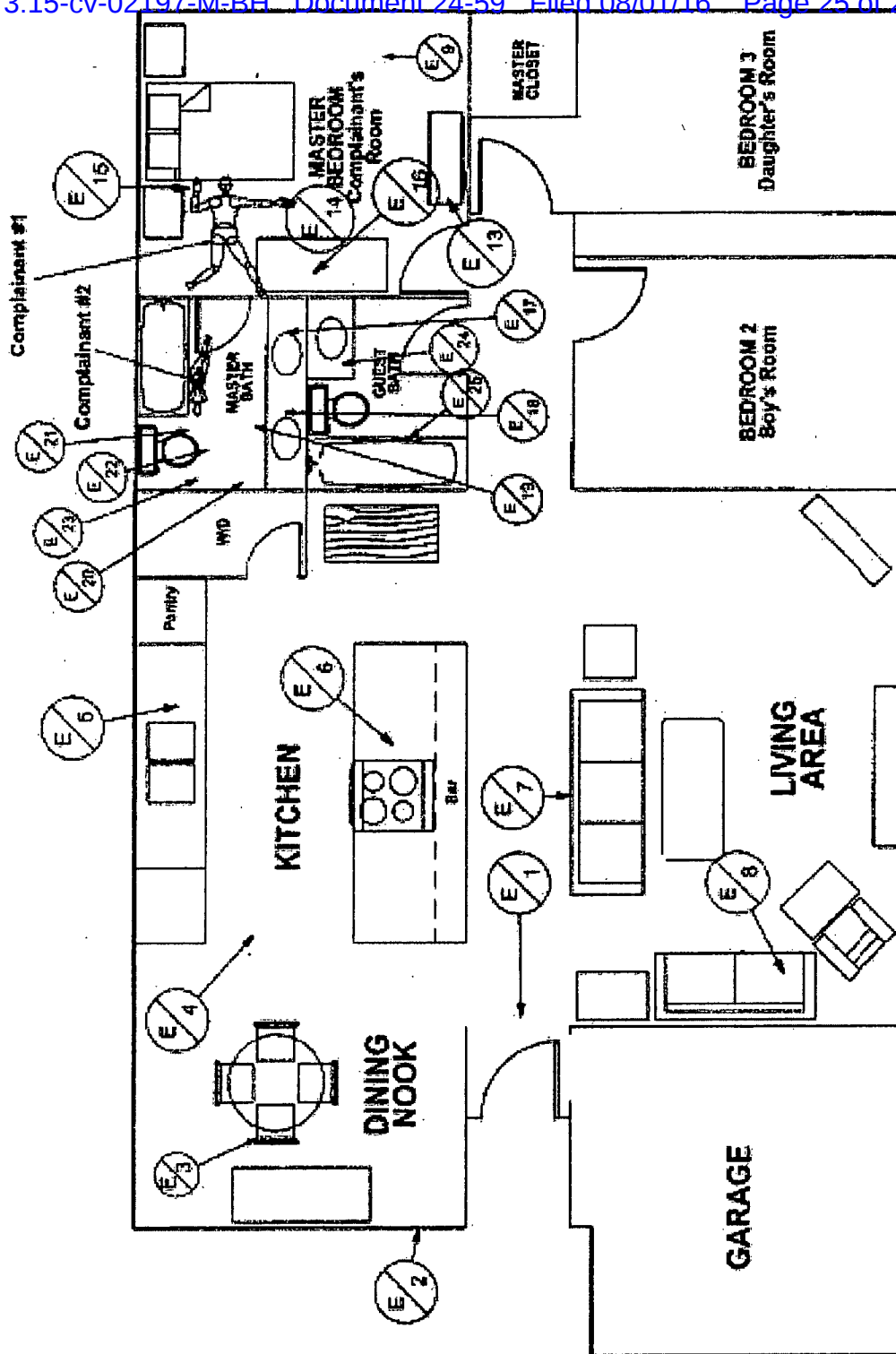
But your kids to fuck everyday in some type of way and you look the other way as if it didn't happen. All your so called [ILLEGIBLE] family all they do is fuck over and you always look the other way. But the one people in your life who really tried to look out for us was all me look how you fuck me. I payed my money to get all of us some life insurance. What man in your life ever did that for you and yours? No. Because we were a family so I got us insurance. The you turn around in say this or that. You know Lovetta, you never tell the truth. Just like when you was trying to go out when you knew I was going so you wanted to leave the kids here at home by themselves. But I wouldn't let you. In I had to go through all this bullshit with Ruth over that shit. She saying she wanted to shoot me over me trying to stop you from leaving them here alone which they was the kids was at that time was 5, 8 & 10 years old. So you see people calling me crazy all I had to put up with behind you and family. [PAGE 6] Your own family didn't want to kept your kids because you never had time to teach them anything because you was a mother is was all about herself. Im here today, you telling me I have to get out today when you come home as if I had made your life a living Hell which in fact, it was you & you who [ILLEGIBLE] I never tried to hurt you but only help you and yours. When I first started working I should have walked away then when I had a chance too but I didn't because I didn't want to do that. When I got a job walk away from you but to stay due to two working could make it together but all alone you was working in secret against me. In then you just flipped the script on me and without giving me no time to find me home to live just get out without nothing. I worked hard in this relationship to be fucked over from the bullshit you created behind my back.

God please have mercy on my soul. I am at my breaking point which is my finally breaking point.

P.S. Why the kids because they were a big part of the secret plot against by always talking behind my back that Gary is this or that. When mama (you) never had time for them and must go too.

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State's Exhibit Number 9  
Crime Scene Diagram  
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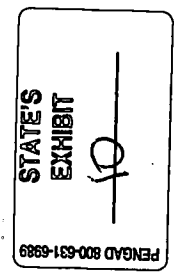
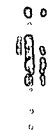
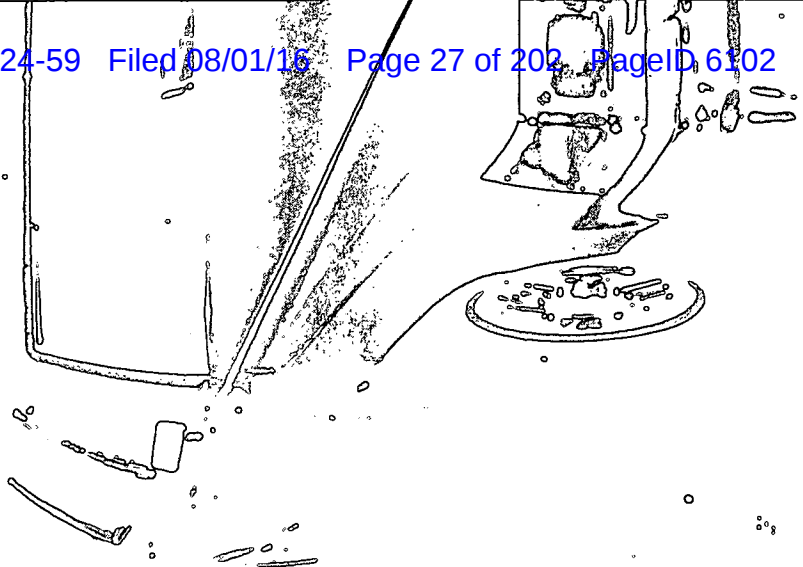
## SEIZURE ITEMS:

- 1) DNA SWAB
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- 4) DNA SWAB
- 5) KNIFE
- 6) KNIFE
- 6A) KNIFE BLOCK W/ (9) KNIVES
- 7) PATCH OF COUCH MATERIAL
- 8) KNIFE
- 9) PAIR OF K-SWISS TENNIS SHOES
- 10) COMFORTER AND BEDSHEETS
- 11) HANDWRITTEN NOTE
- 12) GREEN TOWEL
- 13) KNIFE AND A KNIFE BLADE
- 14) BLUE HEATING PAD
- 15) PILLOW W/ PILLOWCASE
- 16) LAPTOP COMPUTER
- 17) ROLL OF DUCT TAPE
- 18) ORANGE T-SHIRT
- 19) KNIFE BLADE
- 20) (2) KNIFE HANDLES
- 21) PIECES OF BROKEN TOILET TANK COVER
- 22) GREEN TOWEL
- 23) SILVERWARE HANDLE OR BLADE
- 24) KNIFE HANDLE W/ BROKEN BLADE
- 25) PATCH OF SHOWER CURTAIN MATERIAL



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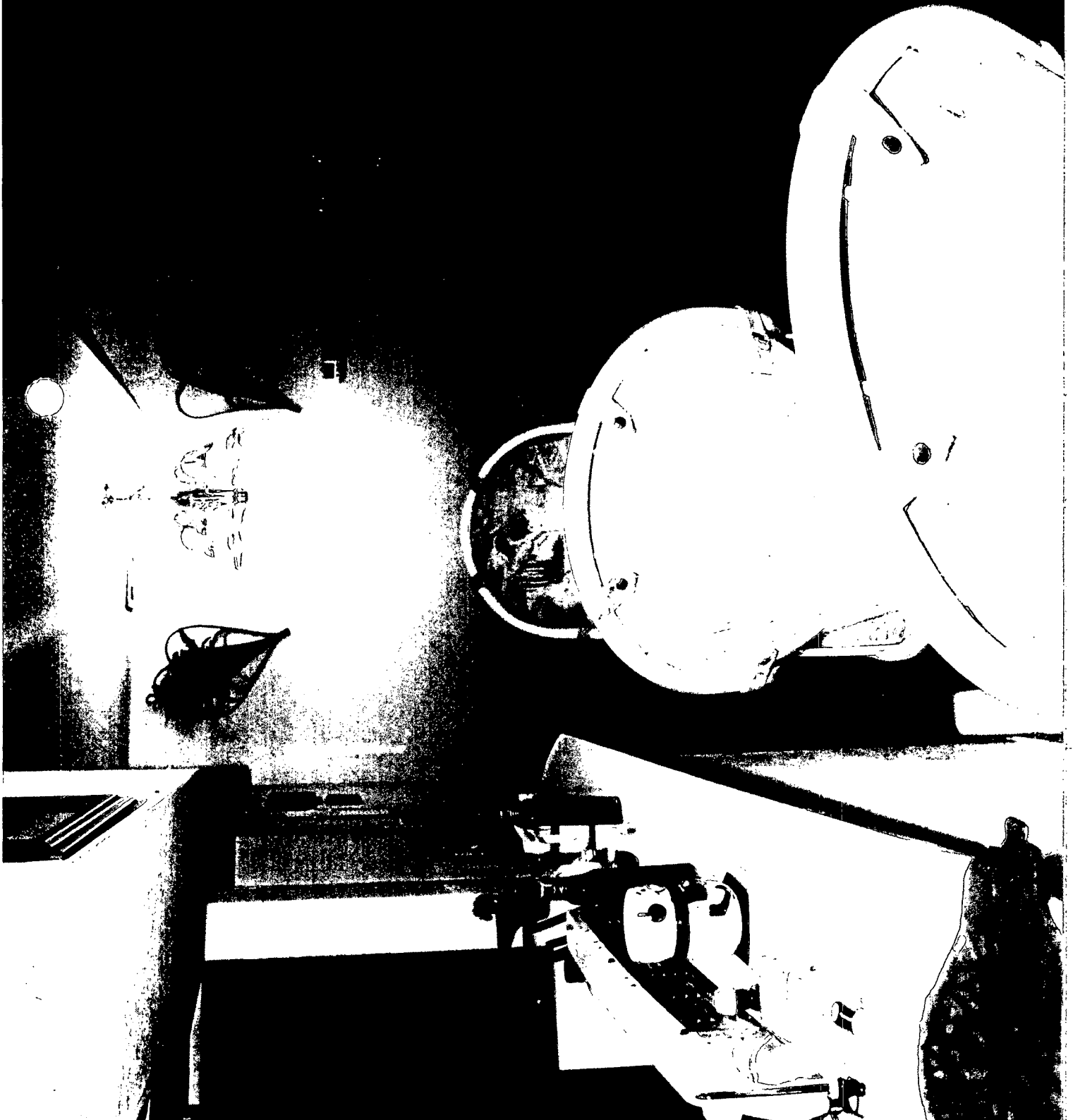
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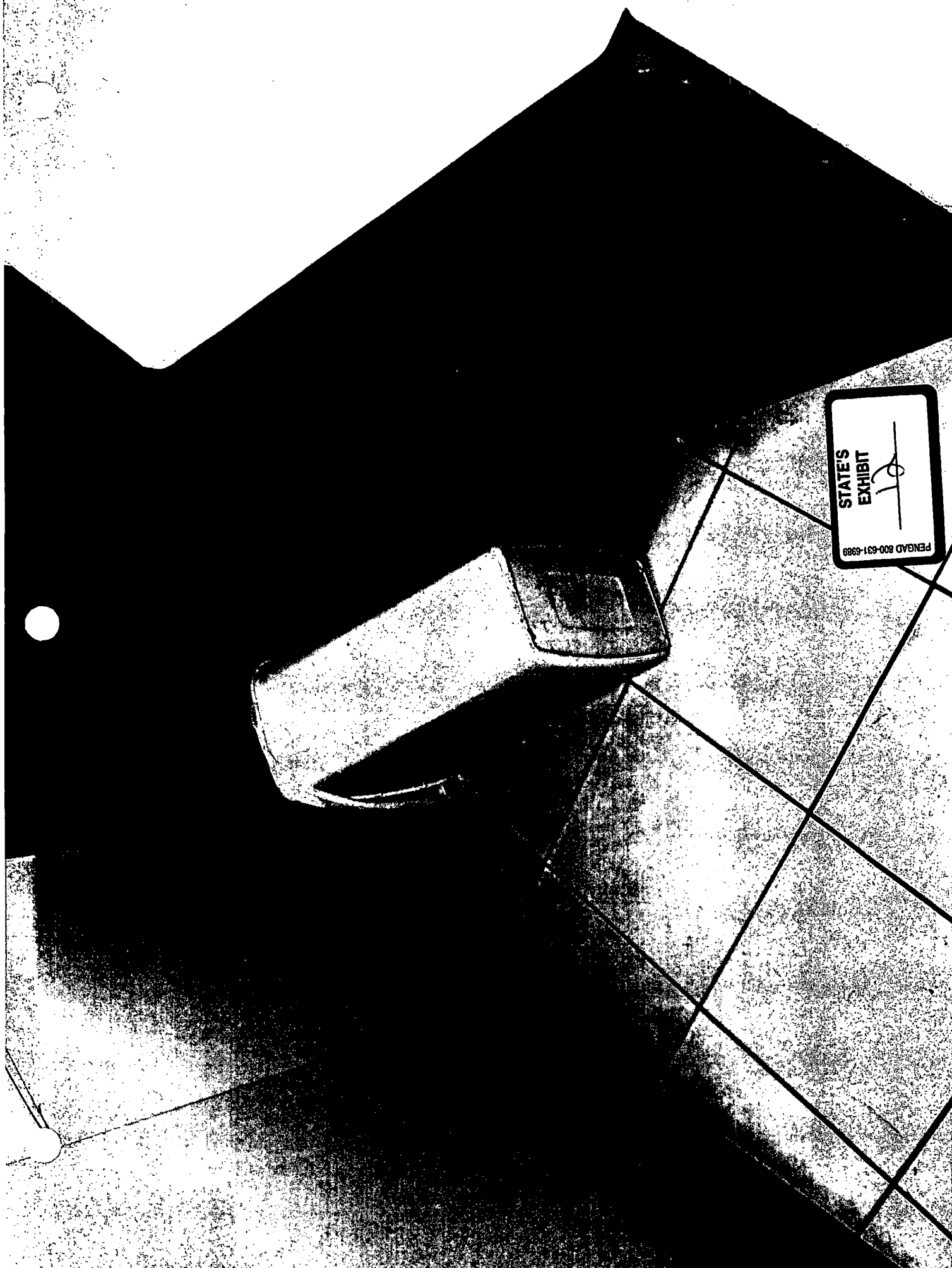


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State's Exhibit Number 12

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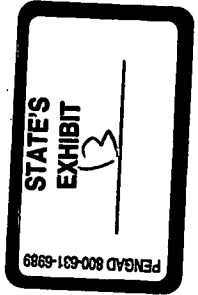


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State's Exhibit Number 13

Photograph

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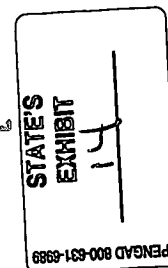


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State's Exhibit Number 14

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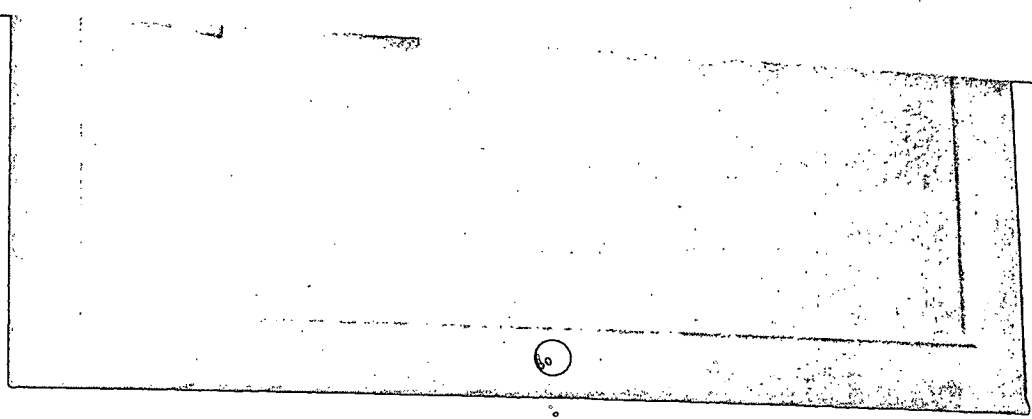
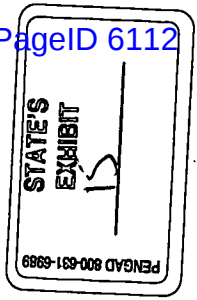
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State's Exhibit Number 15

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State's Exhibit Number 16

Photograph

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STATE'S  
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16  
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State's Exhibit Number 17

Photograph

(Copy Attached)



STATE'S  
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State's Exhibit Number 18

Photograph

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STATE'S  
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PENAD 800-631-6389



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State's Exhibit Number 19

Medical Records

(Copy Attached)



NO. \_\_\_\_\_

VS.

IN THE DISTRICT COURT OF  
DALLAS COUNTY, TEXAS  
\_\_\_\_\_ JUDICIAL DISTRICT

STATE OF TEXAS

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF DALLAS

**AFFIDAVIT**

BEFORE ME, the undersigned authority, personally appeared  
Sheri Kitts, who, being by me duly  
sworn, deposed as follows:

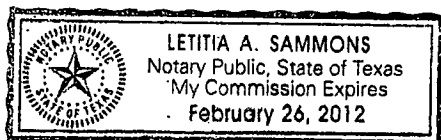
My name is Sheri Kitts I am of sound mind, capable of  
making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of records of Children's Medical Center of Dallas. Attached  
hereto are 132 pages of records from Children's Medical Center of Dallas.  
These said 132 pages of records are kept by Children's Medical Center of Dallas  
in the regular course of business, and it was the regular course of business of Children's  
Medical Center of Dallas for an employee or representative of Children's Medical Center of  
Dallas with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make  
the record or to transmit information thereof to be included in such record; and the record was  
made at or near the time or reasonably soon thereafter. The records attached hereto are  
the original or exact duplicates of the original.

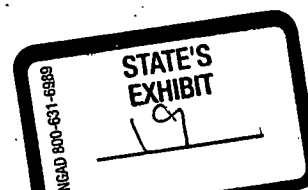
Sheri Kitts  
Affiant,

SUBSCRIBED AND SWORN TO ME by the above name  
Affiant this 6th day of January, 20 10, to certify which, witness  
my hand and seal of office.

(SEAL)



Letitia A. Sammons  
Notary Public, State of Texas



THE STATE OF TEXAS  
TO ANY SHERIFF OR ANY CONSTABLE OR ANY PEACE OFFICER  
OF THE STATE OF TEXAS - GREETINGS:  
YOU ARE HEREBY COMMANDED to summon

CUSTODIAN OF RECORDS OR DESIGNATE FOR CHILDREN'S MEDICAL CENTER  
to be and appear before the 282ND JUDICIAL DISTRICT COURT of Dallas County, Texas, at the Courthouse of said  
County, in the City of Dallas, on the 29TH day of JANUARY, 2010, at 9:00A.M. then and there to testify as a witness in behalf of the  
State in a Criminal action pending in said Court, wherein THE STATE OF TEXAS is plaintiff  
and GARY GREEN, Defendant; No. F0959380

PIECES TECUM ☐ NOT APPLICABLE

and that she/he bring with her/him and produce in said Court, at said time and place: CERTIFIED COPIES OF ANY AND ALL  
RECORDS PERTAINING TO ANY MEDICAL TREATMENT OF JARRET ARMSTEAD B/M 06/02/00.  
desired as evidence in said Criminal action, to-wit: in a certain suit pending in said court.

☒ In the alternative, such information may be provided to INV. JIM SPURGER DALLAS CO. D.A. 214.653.3897

and there remain from day to day and from term to term until discharged by the Court.

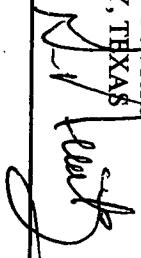
HEREIN FAIL NOT, But of this Writ make due return, showing how you have executed the same.

OUT OF COUNTY ☐ NOT APPLICABLE

A DISOBEDIENCE OF this Subpoena is punishable by a fine not exceeding \$500, to be collected as fines and costs in  
other criminal cases.

WITNESS MY OFFICIAL SIGNATURE, THIS 29TH day of DECEMBER, 2009.

GARY FITZSIMMONS  
CLERK, DISTRICT COURTS  
DALLAS COUNTY, TEXAS

By , Deputy

NO. F0959380

282ND JUDICIAL DISTRICT COURT  
DALLAS COUNTY, TEXAS  
STATE OF TEXAS  
VS.

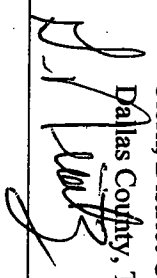
GARY GREEN

SUBPOENA

ISSUED

This 29TH day of DECEMBER, 2009

GARY FITZSIMMONS  
Clerk, District Courts  
Dallas County, Texas

By  Deputy

ATTORNEY: ANDY BEACH  
Assistant District Attorney  
Dallas Criminal District Attorney  
133 N. Industrial Blvd., LB-19  
Dallas, Texas 75207  
(214)653-3897

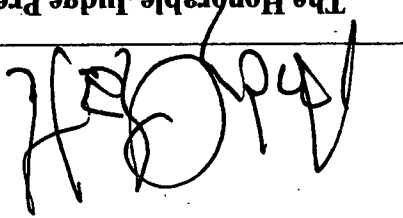
REC'D JAN 04 2010

☐ CONSTABLE WILL SERVE

☒ INVESTIGATOR WILL SERVE

JUDICIAL District Court #282ND

The Honorable Judge Presiding



SIGNED DECEMBER 29, 2009

IT IS HEREBY ORDERED that the health care provider named in the subpoena release all records designated therein.

On this the 29TH day of DECEMBER, 2009 the Court has reviewed the attached subpoena application for ANY AND ALL medical / therapy records of any kind from, CHILDREN'S MEDICAL CENTER pertaining to JARRET ARMSTEAD and good cause has been shown for the issuance of the attached subpoena to further the prosecution of a criminal matter pending before this court.

ORDER FOR MEDICAL / THERAPEUTIC / PSYCHIATRIC  
RECORD RELEASE

DALLAS COUNTY, TEXAS

GARY GREEN

DISTRICT COURT OF

VS.

IN THE 282<sup>ND</sup> JUDICIAL

STATE OF TEXAS

CAUSE NO. F0959380



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

**Jerret Armstead**  
**9/21/2009 10:02 PM Hospital Encounter**

Description: **9 year old male**  
Department: **Dal C4**

**Patient Demographics**

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)

Address	Phone	Email	Employer
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)		

Reg Status	PCP
Verified	

Emergency Contact 1	Emergency Contact 2
Armstead, Amanda (Aunt) 2426 moffatt ave DALLAS, TX 75216 US 972-480-2566 (H)	

Alias

**Patient PCP Information**

None on File

**Private Encounter**

Private Encounter  
Yes [1]

**Contact Serial Number**

CSN  
61732439

**Hospital Account**

Name	Acct ID	Class	Status	Primary Coverage
ARMSTEAD, JERRET	70502094	Inpatient	Closed	MEDICAID - TRADITIONAL MEDICAID

**Guarantor Account (for Hospital Account #70502094)**

Name	Relation to Pt	Service Area	Active?	Acct Type
ARMSTEAD, AMANDA	Aunt	CMC	Yes	Personal/Family

Address	Phone
2426 moffatt ave DALLAS, TX 75216	972-480-2566(H)999- 999-9999(O)



DALLAS  
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Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

#### Coverage Information (for Hospital Account #70502094)

F/O Payor/Plan		Precert #
1. MEDICAID/TRADITIONAL MEDICAID		Not Req.
Subscriber	Relation to Pt	Subscriber #
ARMSTEAD, JERRET	Self	521096727
Grp #		
13		
Address	Phone	
PO Box 200555 Austin, TX 78720-0555	800-252-8263	
Effective Date		
07/01/09		

#### Patient Medical Information

##### Allergies as of 9/22/2009

No Known Allergies

##### Problem List

Problem	Noted	Resolved	Priority	Class
Stab Wound of the Abdomen [879.2J]	9/22/2009 by Kathleen Frances Corcoran	No		

##### All Immunizations as of 9/22/2009

Name	Date	Dose	VIS Date	Route
DTAP	9/22/09 04:27 PM (9 y.o.)	0.5 mL	7/30/01	Intramuscular

Site: Left arm  
Given By: Jenny M Pawlewicz  
Documented By: Jenny M Pawlewicz  
Manufacturer: GlaxoSmithKline  
Lot: ac14b066aa

#### Encounter Information

##### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	10:02 PM	Admit Date/Time:	09/21/2009 10:16 PM	IP Adm. Date/Time:	09/22/2009 12:26 AM
Admission Type:	Emergency	Admission Source:	Emergency Room	Admit Category:	Main Ed
Means of Arrival:	Dallas Fire Rescue Ems	Primary Service:	Trauma	Secondary Service:	None
Transfer Source:	None	Service Area:	Children's Medical Center	Unit:	Dal C4
Admit Provider:	Joseph T. Murphy, MD	Attending Provider:	Joseph T. Murphy, MD	Referring Provider:	None

##### Discharge Information - Hospital Account/Patient Record

Printed on 01/06/2010 10:23 AM



DALLAS  
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### Encounter Information (continued)

#### Discharge Information - Hospital Account/Patient Record (continued)

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/22/2009 4:30 PM	Home Or Self Care	1 Home	Joseph T. Murphy, MD	Dal C4

### Reason for Admission

**Stab Wound of the Abdomen [879.2J]**

### Patient Instructions

Armstead, Jerret (MR # 1082807)

Date	Status	User	User Type	Discharge Note
09/22/09 1253	Reviewed	Kathleen Frances Corcoran, RN, PNP	Nurse Practitioner	Original

Note:

Date of admission: 9/21/2009

Date of discharge: 9/22/2009

Mechanism of Injury: Penetrating

Diagnosis: stab wound

[]

Procedures: laparoscopy

Diet: regular

Discharge to: per CPS

Follow-up: 10/19/09 at 0830 with Dr. Murphy

Wound Care: Keep them dry for the first two days after injury unless otherwise directed. After the second day, wash wounds daily with mild soap and water. Be sure to wash your hands before caring for the wound and use clean towels and washcloths. Watch the wound for signs of infection: redness, swelling, drainage, separation of wound edges, or temperature of 101.5 or higher. Apply antibiotic ointment as directed. Wound care sheet provided at discharge.

**IF THERE ARE ANY CONCERNS PLEASE CALL THE TRAUMA OFFICE AT (214) 456-8160.**

Activity: as tolerated. No swimming or soaking wounds until the skin is healed and instructed by physician

Return to school: on Monday the 28th. No recess or PE until cleared by physician.



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## Patient Education

### Title: Pain Management (Resolved)

Topic: Pain Assessment & Evaluation (Resolved)

#### Point: Pain Scales (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

#### Point: S/S of Pain (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

Topic: Pharmacologic Interventions (Resolved)

#### Point: Analgesics (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

#### Point: Anesthetics (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

### Title: Infection Control (Resolved)

Topic: Cleanliness/ Asepsis (Resolved)

#### Point: Definitions (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

#### Point: Hand Washing (Resolved)

Printed on 01/06/2010 10:23 AM



DALLAS  
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## Patient Education (continued)

### Title: Infection Control (Resolved) (continued)

Learner	Readiness	Method	Learning Progress Summary		Given by	Status
			Response	Comment		
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

### Point: Sanitizers (Resolved)

Learner	Readiness	Method	Learning Progress Summary		Given by	Status
			Response	Comment		
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

### Title: Incisions / Wounds / Ostomies (Resolved)

#### Topic: Surgical Incisions (Resolved)

### Point: Sutures/Staples/Steri Strips (Resolved)

Learner	Readiness	Method	Learning Progress Summary		Given by	Status
			Response	Comment		
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

### Point: Indications (Resolved)

Learner	Readiness	Method	Learning Progress Summary		Given by	Status
			Response	Comment		
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

### Point: Care & Maintenance (Resolved)

Learner	Readiness	Method	Learning Progress Summary		Given by	Status
			Response	Comment		
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

### Title: Injury Prevention (Resolved)

#### Topic: Fall Prevention (Resolved)





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## Patient Education (continued)

### Title: Injury Prevention (Resolved) (continued)

#### Point: Indications and Interventions (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

### Title: Lines / Drains / Tubes (Resolved)

#### Topic: Lines - Peripheral, Central, Arterial (Resolved)

#### Point: Indications (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

### Title: Fluid/Electrolytes/Nutrition (Resolved)

#### Topic: Diet & Nutrition (Resolved)

#### Point: Prescribed/ Recommended Diets (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

#### Topic: Intravenous Fluids (Resolved)

#### Point: Indications (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

#### Point: Administration (Resolved)

Learning Progress Summary						
Learner	Readiness	Method	Response	Comment	Given by	Status
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all	JP 09/22/09 1636	Done



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### Patient Education (continued)

#### Title: Fluid/Electrolytes/Nutrition (Resolved) (continued)

questions  
answered

#### Point: Measuring I&O (Resolved)

Learner	Readiness	Method	Learning Progress Summary		Given by	Status
			Response	Comment		
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

#### Topic: Output (Resolved)

#### Point: Measuring I&O (Resolved)

Learner	Readiness	Method	Learning Progress Summary		Given by	Status
			Response	Comment		
Family Member	Acceptance	Explanation, Handout	Verbalizes Understanding	all DC teaching reviewed with Grandma, all questions answered	JP 09/22/09 1636	Done

#### User Key

Initials	Effective Dates	Name	Provider Type	Discipline
JP	06/07/09 -	Jenny M Pawlewicz, RN	Registered Nurse	Nurse

#### Education Notes

No notes present for this patient.

#### Learning Assessment Questions

\*\* None \*\*

#### Discharge Summaries

D/C Summaries signed by Kathleen Frances Corcoran, RN, PNP

09/22/09 1312

Author: Kathleen Frances Corcoran, RN, PNP      Specialty: Nurse Practitioner      Author Type: Nurse Practitioner  
Filed: 09/22/09 1312      Note Time: 09/22/09 1253  
Related: Cosigned by Joseph T. Murphy, MD at 09/27/09 0011



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### Ancillary Notes

Consults signed by Bradley A Chamberlain, LMSW at 09/22/09 1410

Author: Bradley A Chamberlain, Service: (none) Author Type: Social Worker  
LMSW  
Filed: 09/22/09 1410 Note Time: 09/22/09 1400  
Related Original note by Bradley A Chamberlain, LMSW at 09/22/09 1407  
Notes:

Social worker received voicemail and reports regarding patient admission and current family who is in room with patient. Detective who was waiting this morning told social worker that Jessie Gonzales (214-818-2623) with Child Advocacy Center was coming around 8am to meet with children and obtain interview.

Social worker liason between DISD Community Liason Mechelle McAlinster-Ware 972-794-6406 who is also teacher for patient's brother Jerome. Jerome's father also showed up today, Kerry L King dob 11/24/78. He met with Jerome and was with him while they were in the play room, along with DISD liason. Mechelle stated that DISD school counselors are already involved at the two schools where the patient and patient's brother go to school and are available for assistance. Social worker was paged several times throughout the day today as various family members on both sides of the family showed up. Marguerita, grandmother of Jerret arrived as well. She was very tearful and anxious.

Contacted CPS as children Jerome and Jerret are asking to go with Jerome's father home upon d/c. CPS worker Jaime Johnson stated she is staffed on case. Updated her on patient's current condition as well as current family dynamics and who is here at the hospital. Jaime will assign case out as we do not have parents to discharge to, and unsure who has been approved by CPS at this time for d/c. Social worker spoke later with Dimple Patel 214-929-2922 who also arrived on site and has been interviewing several family members at this point to determine disposition for d/c. Escorted patients back and forth from art/child life room to room and back and forth, along with grandmother and Jerome's father.

Social worker later paged by Child Life Jill Bringhurst that there was over 30 people in the art therapy room. Social worker went to art room, but only a few family members were still there with both patient and patient's brother. Asked family to please wait in the family area outside the art therapy room. CPS is continuing their investigation this afternoon.

Social worker paged that a Christina Armstead in KY had been called by DPD - 270-691-1808. Provided same information CPS worker for family.

Mother was also a substitute teacher at the same school from the DISD liason. She had just been either recently married or filed for divorce, possible last name of Green. Also received call from Mary Oliver with DISD who spoke directly with DISD liason for coordination at the school.

Please page social worker at 18578 for any ongoing needs, thanks.

09/22/09 1407 Consults Signed by: Bradley A Chamberlain, LMSW



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### Ancillary Notes (continued)

Consults signed by Bradley A Chamberlain, LMSW at 09/22/09 1407

Author: Bradley A Chamberlain, LMSW	Service: (none)	Author Type: Social Worker
Filed: 09/22/09 1407	Note Time: 09/22/09 1400	Note Status: Revised
Related Addendum by Bradley A Chamberlain, LMSW at 09/22/09 1410		
Notes:		

Social worker received voicemail and reports regarding patient admission and current family who is in room with patient. Detective who was waiting this morning told social worker that Jessie Gonzales (214-818-2623) with Child Advocacy Center was coming around 8am to meet with children and obtain interview.

Social worker liason between DISD Community Liason Mechelle McAlinster-Ware 972-794-6406 who is also teacher for patient's brother Jerome. Jerome's father also showed up today, Kerry L King dob 11/24/78. He met with Jerome and was with him while they were in the play room, along with DISD liason. Mechelle stated that DISD school counselors are already involved at the two schools where the patient and patient's brother go to school and are available for assistance. Social worker was paged several times throughout the day today as various family members on both sides of the family showed up. Marguerita, grandmother of Jerret arrived as well. She was very tearful and anxious.

Contacted CPS as children Jerome and Jerret are asking to go with Jerome's father home upon d/c. CPS worker Jaime Johnson stated she is staffed on case. Updated her on patient's current condition as well as current family dynamics and who is here at the hospital. Jaime will assign case out as we do not have parents to discharge to, and unsure who has been approved by CPS at this time for d/c. Social worker spoke later with Dimple Patel 214-929-2922 who also arrived on site and has been interviewing several family members at this point to determine disposition for d/c. Escorted patients back and forth from art/child life room to room and back and forth, along with grandmother and Jerome's father.

Social worker later paged by Child Life Jill Bringham that there was over 30 people in the art therapy room. Social worker went to art room, but only a few family members were still there with both patient and patient's brother. Asked family to please wait in the family area outside the art therapy room. CPS is continuing their investigation this afternoon.

Please page social worker at 18578 for any ongoing needs, thanks.

Progress Notes signed by Bradley A Chamberlain, LMSW at 09/22/09 0830

Author: Bradley A Chamberlain, LMSW	Service: (none)	Author Type: Social Worker
Filed: 09/22/09 0830	Note Time: 09/22/09 0827	

Met with sibling and patient directly very briefly - discussed breakfast orders and that patient's sibling was bored and wanted a video game. Case has been referred to REACH by Kathleen Corcoran - discussed this with REACH social worker Ann Sivley. Paged child life regarding video



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Adm: 09/21/2009, D/C: 09/22/2009

#### Ancillary Notes (continued)

games.

Progress Notes signed by Suzanne S Wong, LMSW at 09/22/09 0449

Author: Suzanne S Wong, LMSW	Service: (none)	Author Type: Social Worker
Filed: 09/22/09 0449	Note Time: 09/22/09 0443	

#### Social Work

Report received by this social worker from previous social work staff. Provided grief support to extended family. Dallas County CPS worker, Chance Hendrix responded to CMC to meet with family. Staff from Dallas County Advocacy Center present as requested by Detective Reyes with DPD to interview Patient and sibling. Per Dallas County Advocacy Center and Detective Reyes, family informed not to question Patient about events that occurred. Maternal Uncle and Patient's 12 year old sibling present at Patient's bedside and understand request to not question Patient. Message left for trauma social work staff to continue to assist.

Suzanne Wong, LMSW

ED Notes signed by Elizabeth O Marston, LMSW at 09/21/09 2336

Author: Elizabeth O Marston, LMSW	Service: (none)	Author Type: Social Worker
Filed: 09/21/09 2336	Note Time: 09/21/09 2312	

Social Worker responded to trauma stat page. Patient (pt) arrived with 12 year old sibling (Jerome), uncle, and Dallas Police Officer K.A. Williams (Badge 9110). Per Officer, pt was stabbed by his step-father Gary Green, age 37. Social work provided emotional support to sibling, uncle and other family members as they arrived.

Dallas Police Report number is 282496-W.

Made referral to CPS worker Lori 1291, call ID 47581285.

Gave information to overnight social worker, Suzanne Wong, who will assist pt family tonight. Will leave message for day social worker for follow-up.

#### ED Provider Notes

ED Provider Notes signed by Sing-Yi Feng, MD

09/21/09 2229

Author: Sing-Yi Feng, MD	Specialty: (none)	Author Type: Physician
Filed: 09/21/09 2229	Note Time: 09/21/09 2229	

Please see paper chart for H and P



DALLAS  
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Dallas, TX 75235

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MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

## Surgery Information

### General Information

Date: 9/21/2009	Time: 2300	Status: Posted
Location: DAL MAIN OR	Room: DAL OR 07	Service: General
Patient class: Hospital Ambulatory Surgery	Case classification: E0 - STAT	

### Case Tracking Events

Event	Time In
Patient In - Facility (Arrived)	
Registration Started	
Registration Complete	
Patient in Periop Dept	
NP In Room	
NP Out of Room	
Patient In - Pre-op/Holding Area	
Patient Ready for OR	
Patient Out - Pre-op/Holding Area	
Send For Patient	
Patient In - OR	Mon Sep 21, 2009 2253
Incision Start	Mon Sep 21, 2009 2315
Patient Out - OR	Mon Sep 21, 2009 2335
Patient In - PACU	Mon Sep 21, 2009 2336
Care Complete - PACU	Tue Sep 22, 2009 0025
Patient Out - PACU	Tue Sep 22, 2009 0030
Patient In - Phase II	
Care Complete - Phase II	
Patient Out - Phase II	
Patient Return to PACU	
End Return to PACU	
2nd Time in Phase II	
2nd End Time in Phase II	
Patient Education Complete	
Patient Tolerates Liquids	
Patient Voided	
Discharged Periop	Tue Sep 22, 2009 0040

### Event Tracking

Panel 1			
Event	Start Time	End Time	Time Elapsed
Incision Start	2315		
Incision Close			





DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

## Surgery Information (continued)

### Event Tracking (continued)

#### Procedure : LAPAROTOMY ABDOMINAL

Event	Start Time	End Time	Time Elapsed
<b>Procedure Start</b>	2253		
<b>Procedure End</b>			

#### Procedure : LAPAROSCOPY DIAGNOSTIC

Event	Start Time	End Time	Time Elapsed
<b>Procedure Start</b>			
<b>Procedure End</b>	2335		

## Panel Information

### Panel 1

Surgeon	Role	Service
<b>MURPHY, JOSEPH T.</b>	Primary	General
<b>PEREZ, EDUARDO ALFONSO</b>	Fellow	General

#### Procedure: LAPAROTOMY ABDOMINAL

Laterality	Wound Class	Anesthesia	Op Region
N/A	I - Clean	General	Abdomen

#### LAPAROTOMY ABDOMINAL (N/A) - Position 1

Body: <b>Supine</b>	Left Arm: <b>Tucked at Side</b>	Right Arm: <b>Tucked at Side</b>
Strap Safety Across	Foam Padding To Bony	Foam Padding To Bony
Thighs, Mattress	Prominences	Prominences
Eggcrate		
Head: <b>Aligned</b>	Left Leg: <b>Straight</b>	Right Leg: <b>Straight</b>

#### Procedure: LAPAROSCOPY DIAGNOSTIC

Laterality	Wound Class	Anesthesia	Op Region
N/A		General	

#### LAPAROSCOPY DIAGNOSTIC (N/A) - Position 1

Body:	Left Arm:	Right Arm:
Head:	Left Leg:	Right Leg:

## Anesthesiologist

Anesthesiologist	Role
<b>ZHONG, JOHN W.</b>	AFC Anesthesia for Children Member

## Staff Info

Staff Type	Staff Member	Start	End	OT
Nurse Circulator	<b>NEDUVELIL, ROSE</b>	2253	2335	No
Surgical Technologist	<b>FISHER, LEON</b>	2253	2335	No



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## Surgery Information (continued)

### Staff Info (continued)

Staff Type	Staff Member	Start	End	OT
Primary				
Perioperative Surgical Assistant	MARTINEZ, TERESA	2253	2335	No
Respiratory Care Practitioner	PHILLIPS, JOCELYN E	2253	2335	No
Nurse Circulator	BEAR-GARCIA, TOMI	2253	2317	No

### Questionnaire Data

#### OR ASA LEVEL

Question	Answer	Comment
ASA Level	ASA I Normal/Healthy Patient	Emergency

#### OR COMMUNICATION WITH FAMILY

Question	Answer	Comment
Communication with Family Pre-operatively	Yes	
Communication with Family Intra-operatively		
Time of Communication		
Translator Needed?	No	
Name of Translator		

### Patient Preparation

Patient Preparation	Area	Laterality	Scrub	Paint	Hair Removal
Abdomen	N/A	Betadine Scrub	Betadine Paint		
nipple line to pubis, table to table					

#### Skin Condition

Skin Site	Condition
Other-see nursing notes	Other (see notes)

### Nursing Notes

PANICKER, RAMA P on 9/22/2009 at 0100

2336 : PATIENT ADMITTED TO PACU, ASLEEP, EASILY AROUSED, VITAL SIGNS STABLE, RESPIRATIONS REGULAR AND UNLABOURED, BLOW BY 01 PER FACE MASK IN USE, 02 SAT 100%. BREATH SOUNDS CLEAR BILATERALLY WITH OCCASSIONAL SNORING WHEN ASLEEP.

0000; patient arouses easily, no complaints of pain. Grand mom and aunt at bedside, updated and reviewed plan of care, verbalized understanding.

0025 : PATIENT REMAINS STABLE, RESPIRATIONS UNLABOURED, 02 SAT 98% ON ROOM





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### Surgery Information (continued)

#### Nursing Notes (continued)

AIR. REPORT GIVEN TO CINDY SHATT, RN ON C4 AND PATIENT TRANSPORTED TO FLOOR.

NEDUVELIL, ROSE E on 9/21/2009 at 2322

2310hrs; pt has 1" lac to right lower quadrant, abrasion to right shoulder area scratch to neck, bruise to right cheek area.....R Neduvelil RN BSN CNOR

NEDUVELIL, ROSE E on 9/21/2009 at 2304

2245 - received patient from Trauma Bay in ER with Auntie, brother and Childlife Specialist at bedside. Transported from ER with monitors and IV intact. Auntie and brother stated "I don't know of any allergies". Noted abrasion to left side of neck. Patient responds to verbal commands and questions appropriately. Patient remains alert and oriented to name, date and place. Brother states "we ate before church" and patient states "I had some water at church" - T. Bear-Garcia, RN

#### Blood Products

Blood Product	Estimated Amount	Units Used	UOM
Yes	0.00	0.00	

#### Equipment

Equipment Type	Equipment	Start	End
Camera Box			
Laparoscopic			
Warmer			
Irrigation			
Electrosurgical Unit	ESU-FORCEFX- VALLEYLAB-42914		

#### Electro Surgery Units

ESU Type	ESU	Blend Setting	Mode	Pad Loc	Later Coag ality Set	Cut Set	Applied By
Electrosurgical Unit	ESU-FORCEFX- VALLEYLAB-42914	Pure	Monopolar	Thigh Anterior	Right 20.00	20.00	NEDUVELIL, ROSE

#### Lasers

#### Instruments

Instrument Type	Instrument	Start	End
	DR. MURPHY'S		



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## Surgery Information (continued)

### Instruments (continued)

Instrument Type	Instrument	Start	End
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INSTRUMENTS

- GEN

GEN -

ABDOMINAL

LONG

INSTRUMENTS

GEN -

ABDOMINAL

SET

GEN - BASIC

LAPAROSCOPI

C

INSTRUMENTS

#1

GEN -

TELESCOPE

5MM 0

DEGREE

(LONG)

### Post-op Skin Information

Skin Site	Condition
Other-see nursing notes	Other (see notes)

### Counts

Type	Which?	Correct?	X-Ray?	MD Notif?	Counted By	Verified By
<b>Sponge</b>	Initial	Yes			FISHER, LEON	NEDUVELIL, ROSE
<b>Needles/Sharps</b>	Initial	Yes			FISHER, LEON	NEDUVELIL, ROSE
<b>Instruments</b>	Initial	Yes			FISHER, LEON	NEDUVELIL, ROSE
<b>Needles/Sharps</b>	Final	Yes		Yes	FISHER, LEON	NEDUVELIL, ROSE
<b>Sponge</b>	Final	Yes		Yes	FISHER, LEON	NEDUVELIL, ROSE

### PNDS Information

#### Outcomes - General

Used?	Description (Code)
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The patient is free from signs and symptoms of infection. (O10)

Administers prescribed prophylactic treatments. (I10)

Assesses susceptibility for infection. (I21)

Classifies surgical wound. (I22)

Establishes IV access. (I34)

Implements aseptic technique. (I70)

Monitors for signs and symptoms of infection. (I88)

Performs skin preparations. (I94)

Protects from cross-contamination. (I98)

The patient has wound/tissue perfusion consistent with or improved from baseline levels established preoperatively. (O11)



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## Surgery Information (continued)

### PNDS Information (continued)

Assesses factors related to risks for ineffective tissue perfusion. (I15)  
Evaluates postoperative tissue perfusion. (I46)  
The patient's fluid, electrolyte, and acid-base balances are consistent with or improved from baseline levels established preoperatively. (O13)  
Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte loss. (I132)  
Evaluates response to administration of fluids and electrolytes. (I153)  
Administers blood product therapy as prescribed. (I2)  
Collaborates in fluid and electrolyte management. (I23)  
Administers electrolyte therapy as prescribed. (I5)  
The patient's respiratory function is consistent with or improved from baseline levels established preoperatively. (O14)  
Uses monitoring equipment to assess respiratory status. (I121)  
Encourages deep breathing and coughing exercises. (I33)  
Evaluates postoperative respiratory status. (I45)  
Monitors changes in respiratory status. (I87)  
The patient's cardiovascular status is consistent with or improved from baseline levels established preoperatively. (O15)  
Uses monitoring equipment to assess cardiac status. (I120)  
Evaluates postoperative cardiac status. (I44)  
The patient demonstrates and/or reports adequate pain control throughout the perioperative period. (O29)  
Assesses pain control. (I16)  
Collaborates in initiating patient-controlled analgesia. (I24)  
Evaluates response to pain management interventions. (I54)  
Identifies cultural and value components related to pain. (I61)  
Implements pain guidelines. (I71)  
The patient's neurological status is consistent with or improved from baseline levels established preoperatively. (O30)  
Assesses baseline neurological status. (I144)  
Implements protective measures during neurosurgical procedures. (I145)  
Evaluates postoperative neurological status. (I146)  
The patient demonstrates knowledge of the expected responses to the operative or invasive procedure. (O31)  
Provides instruction about prescribed medications (I104)  
Determines knowledge level. (I135)  
Assesses readiness to learn. (I136)  
Develops individualized plan of care. (I30)  
Elicits perceptions of surgery. (I32)  
Evaluates response to instruction about prescribed medications. (I48)  
Evaluates response to instructions. (I50)  
Explains expected sequence of events. (I56)  
Identifies and reports philosophical, cultural, and spiritual beliefs and values. (I57)  
Identifies individual values and wishes concerning care. (I63)  
Includes family members in preoperative teaching. (I79)  
Includes patient and family members in discharge planning. (I80)

### Outcomes - Pre-op

Used?	Description (Code)
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	The patient receives appropriate medication(s), safely administered during the perioperative period. (O9)
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## Surgery Information (continued)

### PNDS Information (continued)

The patient's care is consistent with the individualized perioperative plan of care. (O24)  
Verifies allergies. (I123)  
Implements protective measures prior to operative or invasive procedure. (I138)  
Implements latex allergy precautions as needed. (I139)  
The patient's right to privacy is maintained. (O25)  
The patient is the recipient of competent and ethical care within legal standards of practice. (O26)  
The patient receives consistent and comparable care regardless of the setting. (O27)  
The patient's value system, lifestyle, ethnicity, and culture are considered, respected, and incorporated in the perioperative plan of care. (O28)

### Outcomes - Intra-op

Used?	Description (Code)
Yes	<p>The patient is free from signs and symptoms of injury related to positioning. (O5) pt on eggcrate mattress, well padded all prominent areas Verifies presence of prosthetics or corrective devices. (I127) Evaluates for signs and symptoms of injury as a result of positioning. (I38) Identifies physical alterations that require additional precautions for procedure-specific positioning. (I64) Positions the patient. (I96) The patient is free from signs and symptoms of laser injury. (O6) Applies safety devices. (I11) Uses supplies and equipment within safe parameters. (I122) Evaluates for signs and symptoms of laser injury. (I40) Implements protective measures to prevent injury due to laser sources. (I73) The patient is free from signs and symptoms of radiation injury. (O7) Applies safety devices. (I11) Assesses history of previous radiation exposure. (I142) Evaluates for signs of radiation injury to skin and tissue. (I43) Implements protective measures to prevent injury due to radiation sources. (I74)</p>
Yes	<p>The patient is free from signs and symptoms of injury related to transfer/transport. (O8) Transports according to individual needs. (I118) Evaluates for signs and symptoms of skin and tissue injury as a result of transfer or transport. (I42)</p>
Yes	<p>The patient receives appropriate medication(s), safely administered during the perioperative period. (O9)</p>
Yes	<p>The patient has wound/tissue perfusion consistent with or improved from baseline levels established preoperatively. (O11) Assesses factors related to risks for ineffective tissue perfusion. (I15) Evaluates postoperative tissue perfusion. (I46)</p>
Yes	<p>The patient's fluid, electrolyte, and acid-base balances are consistent with or improved from baseline levels established preoperatively. (O13) Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte loss. (I132) Evaluates response to administration of fluids and electrolytes. (I153) Administers blood product therapy as prescribed. (I2) Collaborates in fluid and electrolyte management. (I23) Administers electrolyte therapy as prescribed. (I5)</p>
Yes	<p>The patient's respiratory function is consistent with or improved from baseline levels established preoperatively. (O14) Uses monitoring equipment to assess respiratory status. (I121) Encourages deep breathing and coughing exercises. (I33) Evaluates postoperative respiratory status. (I45)</p>



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## Surgery Information (continued)

### PNDS Information (continued)

	Monitors changes in respiratory status. (I87)
Yes	The patient's cardiovascular status is consistent with or improved from baseline levels established preoperatively. (O15)
	Uses monitoring equipment to assess cardiac status. (I120)
	Evaluates postoperative cardiac status. (I44)
Yes	The patient's neurological status is consistent with or improved from baseline levels established preoperatively. (O30)
	Assesses baseline neurological status. (I144)
	Implements protective measures during neurosurgical procedures. (I145)
	Evaluates postoperative neurological status. (I146)

### Outcomes - Post-op

Used?	Description (Code)
Yes	The patient is free from signs and symptoms of infection. (O10)
	Administers prescribed prophylactic treatments. (I10)
Yes	Assesses susceptibility for infection. (I21)
Yes	Classifies surgical wound. (I22)
	Establishes IV access. (I34)
	Implements aseptic technique. (I70)
	Monitors for signs and symptoms of infection. (I88)
	Performs skin preparations. (I94)
Yes	Protects from cross-contamination. (I98)
Yes	The patient has wound/tissue perfusion consistent with or improved from baseline levels established preoperatively. (O11)
Yes	Assesses factors related to risks for ineffective tissue perfusion. (I15)
Yes	Evaluates postoperative tissue perfusion. (I46)
Yes	The patient is at or returning to normothermia at the conclusion of the immediate postoperative period. (O12)
	Assesses risk for inadvertent hypothermia. (I131)
Yes	Evaluates response to thermoregulation measures. (I55)
Yes	Implements thermoregulation measures. (I78)
Yes	Monitors body temperature. (I86)
Yes	The patient's fluid, electrolyte, and acid-base balances are consistent with or improved from baseline levels established preoperatively. (O13)
	Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte loss. (I132)
Yes	Evaluates response to administration of fluids and electrolytes. (I153)
	Administers blood product therapy as prescribed. (I2)
Yes	Collaborates in fluid and electrolyte management. (I23)
Yes	Administers electrolyte therapy as prescribed. (I5)
Yes	The patient's respiratory function is consistent with or improved from baseline levels established preoperatively. (O14)
Yes	Uses monitoring equipment to assess respiratory status. (I121)
Yes	Encourages deep breathing and coughing exercises. (I33)
Yes	Evaluates postoperative respiratory status. (I45)
Yes	Monitors changes in respiratory status. (I87)
Yes	The patient's cardiovascular status is consistent with or improved from baseline levels established preoperatively. (O15)
Yes	Uses monitoring equipment to assess cardiac status. (I120)





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## Surgery Information (continued)

### PNDS Information (continued)

Yes	Evaluates postoperative cardiac status. (I44)
Yes	The patient demonstrates and/or reports adequate pain control throughout the perioperative period. (O29)
Yes	Assesses pain control. (I16)
	Collaborates in initiating patient-controlled analgesia. (I24)
	Evaluates response to pain management interventions. (I54)
	Identifies cultural and value components related to pain. (I61)
Yes	Implements pain guidelines. (I71)
Yes	The patient's neurological status is consistent with or improved from baseline levels established preoperatively. (O30)
Yes	Assesses baseline neurological status. (I144)
	Implements protective measures during neurosurgical procedures. (I145)
Yes	Evaluates postoperative neurological status. (I146)
Yes	The patient demonstrates knowledge of the expected responses to the operative or invasive procedure. (O31)
	Provides instruction about prescribed medications (I104)
	Determines knowledge level. (I135)
	Assesses readiness to learn. (I136)
Yes	Develops individualized plan of care. (I30)
	Elicits perceptions of surgery. (I32)
Yes	Evaluates response to instruction about prescribed medications. (I48)
	Evaluates response to instructions. (I50)
	Explains expected sequence of events. (I56)
	Identifies and reports philosophical, cultural, and spiritual beliefs and values. (I57)
	Identifies individual values and wishes concerning care. (I63)
	Includes family members in preoperative teaching. (I79)
Yes	Includes patient and family members in discharge planning. (I80)

### Outcomes - Phase II

Used?	Description (Code)
	The patient is free from signs and symptoms of infection. (O10)
	Administers prescribed prophylactic treatments. (I10)
	Assesses susceptibility for infection. (I21)
	Classifies surgical wound. (I22)
	Establishes IV access. (I34)
	Implements aseptic technique. (I70)
	Monitors for signs and symptoms of infection. (I88)
	Performs skin preparations. (I94)
	Protects from cross-contamination. (I98)
	The patient has wound/tissue perfusion consistent with or improved from baseline levels established preoperatively. (O11)
	Assesses factors related to risks for ineffective tissue perfusion. (I15)
	Evaluates postoperative tissue perfusion. (I46)
	The patient is at or returning to normothermia at the conclusion of the immediate postoperative period. (O12)
	Assesses risk for inadvertent hypothermia. (I131)
	Evaluates response to thermoregulation measures. (I55)
	Implements thermoregulation measures. (I78)
	Monitors body temperature. (I86)



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## Surgery Information (continued)

### PNDS Information (continued)

The patient's fluid, electrolyte, and acid-base balances are consistent with or improved from baseline levels established preoperatively. (O13)  
Identifies factors associated with an increased risk for hemorrhage or fluid and electrolyte loss. (I132)  
Evaluates response to administration of fluids and electrolytes. (I153)  
Administers blood product therapy as prescribed. (I2)  
Collaborates in fluid and electrolyte management. (I23)  
Administers electrolyte therapy as prescribed. (I5)  
The patient's respiratory function is consistent with or improved from baseline levels established preoperatively. (O14)  
Uses monitoring equipment to assess respiratory status. (I121)  
Encourages deep breathing and coughing exercises. (I33)  
Evaluates postoperative respiratory status. (I45)  
Monitors changes in respiratory status. (I87)  
The patient's cardiovascular status is consistent with or improved from baseline levels established preoperatively. (O15)  
Uses monitoring equipment to assess cardiac status. (I120)  
Evaluates postoperative cardiac status. (I44)  
The patient demonstrates and/or reports adequate pain control throughout the perioperative period. (O29)  
Assesses pain control. (I16)  
Collaborates in initiating patient-controlled analgesia. (I24)  
Evaluates response to pain management interventions. (I54)  
Identifies cultural and value components related to pain. (I61)  
Implements pain guidelines. (I71)  
The patient's neurological status is consistent with or improved from baseline levels established preoperatively. (O30)  
Assesses baseline neurological status. (I144)  
Implements protective measures during neurosurgical procedures. (I145)  
Evaluates postoperative neurological status. (I146)  
The patient demonstrates knowledge of the expected responses to the operative or invasive procedure. (O31)  
Provides instruction about prescribed medications (I104)  
Determines knowledge level. (I135)  
Assesses readiness to learn. (I136)  
Develops individualized plan of care. (I30)  
Elicits perceptions of surgery. (I32)  
Evaluates response to instruction about prescribed medications. (I48)  
Evaluates response to instructions. (I50)  
Explains expected sequence of events. (I56)  
Identifies and reports philosophical, cultural, and spiritual beliefs and values. (I57)  
Identifies individual values and wishes concerning care. (I63)  
Includes family members in preoperative teaching. (I79)  
Includes patient and family members in discharge planning. (I80)

### Diagnoses

Present?	Description (Code)
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	Anxiety (X4)
	Decreased cardiac output (X8)
	Risk for fluid volume imbalance (X20)



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## Nursing Notes

Progress Notes signed by Jenny M Pawlewicz, RN at 09/22/09 1643

Author: Jenny M Pawlewicz, RN Service: (none) Author Type: Registered Nurse  
Filed: 09/22/09 1643 Note Time: 09/22/09 1639

DTaP given to pt in the LUE per orders, pt tolerated well. Pt escorted off the floor, DC'd in Grandma's custody per CPS recommendations. NO distress observed, pt ambulated off floor with all belongings and family at side.

D/C Summaries signed by Myesha D Jones, RN at 09/22/09 1602

Author: Myesha D Jones, RN Service: (none) Author Type: Registered Nurse  
Filed: 09/22/09 1602 Note Time: 09/22/09 1559  
Related Original note by Myesha D Jones, RN at 09/22/09 1602  
Notes:

D/C instructions given to grandmother including wound care and abdominal surgery handout, diet, activity, pain meds, and school note provided. Grandmother verbalized understanding and ha no questions.

09/22/09 1602 D/C Summaries Signed by: Myesha D Jones, RN  
D/C Summaries signed by Myesha D Jones, RN at 09/22/09 1602

Author: Myesha D Jones, RN Service: (none) Author Type: Registered Nurse  
Filed: 09/22/09 1602 Note Time: 09/22/09 1559 Note Status: Revised  
Related Addendum by Myesha D Jones, RN at 09/22/09 1602  
Notes:

D/C instructions given to grandmother including wound care and abdominal handout, diet, activity, pain meds, and school note provided. Grandmother verbalized understanding and ha no questions.

Progress Notes signed by Jenny M Pawlewicz, RN at 09/22/09 1303

Author: Jenny M Pawlewicz, RN Service: (none) Author Type: Registered Nurse  
RN  
Filed: 09/22/09 1303 Note Time: 09/22/09 1000

Pt called out c/o pain with urination. Upon further assessment, pt states burning to his penis when he voids. Paged Kathleen Corcoran, CPNP, after speaking with Kathleen, she was not alarmed at this complaint. She explained that pt had a f/c the night before during his surgery. Informed pt that he would probably feel burning for a little while longer and encouraged him to drink lots of fluids per Kathleen's recommendation. Explained to family in room. All verbalized understanding.

OR Nursing signed by Rama Panicker at 09/22/09 0100

Author: Rama Panicker Service: (none) Author Type: Registered Nurse  
Filed: 09/22/09 0100 Note Time: 09/22/09 0054

2336 : PATIENT ADMITTED TO PACU, ASLEEP, EASILY AROUSED, VITAL SIGNS STABLE, RESPIRATIONS REGULAR AND UNLABOURED, BLOW BY 01 PER FACE MASK IN USE, 02





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### Nursing Notes (continued)

SAT 100%. BREATH SOUNDS CLEAR BILATERALLY WITH OCCASSIONAL SNORING WHEN ASLEEP.

0000; patient arouses easily, no complaints of pain. Grand mom and aunt at bedside, updated and reviewed plan of care, verbalized understanding.

0025 : PATIENT REMAINS STABLE, RESPIRATIONS UNLABOURED, O2 SAT 98% ON ROOM AIR. REPORT GIVEN TO CINDY SHATT, RN ON C4 AND PATIENT TRANSPORTED TO FLOOR.

OR Nursing signed by Rose Neduvellil at 09/21/09 2322

Author: Rose Neduvellil	Service: (none)	Author Type: Registered Nurse
Filed: 09/21/09 2322	Note Time: 09/21/09 2319	

2310hrs; pt has 1" lac to right lower quadrant, abrasion to right shoulder area scratch to neck, bruise to right cheek area.....R Neduvellil RN BSN CNOR

OR Nursing signed by Rose Neduvellil at 09/21/09 2304

Author: Rose Neduvellil	Service: (none)	Author Type: Registered Nurse
Filed: 09/21/09 2304	Note Time: 09/21/09 2258	

2245 - received patient from Trauma Bay in ER with Auntie, brother and Childlife Specialist at bedside. Transported from ER with monitors and IV intact. Auntie and brother stated "I don't know of any allergies". Noted abrasion to left side of neck. Patient responds to verbal commands and questions appropriately. Patient remains alert and oriented to name, date and place. Brother states "we ate before church" and patient states "I had some water at church" - T. Bear-Garcia, RN

### Care Plan Notes

Care Plan signed by Susan Sides, RN

09/22/09 1155

Author: Susan Sides, RN	Specialty: (none)	Author Type: Coordinator
Filed: 09/22/09 1155	Note Time: 09/22/09 1155	

### Problem: DISCHARGE NEEDS

**Goal:** Patient will have home health, hospice and/or discharge needs met prior to discharge. Review d/c orders and f/u appointments prior to discharge

**Outcome:** Ongoing

Jerret will have all dc needs met at time of dc, will cont to follow for dc needs.



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### All Meds and Administrations

ampicillin-sulbactam RTA inf 1,600 mg [10452276] Status: Discontinued (Past End Date/Time)

Ordered On: 09/21/09 2208 by Sing-Yi Feng, MD Starts/Ends: 09/21/09 2245 - 09/22/09 0109  
Dose (Remaining/Total): 75 mL = 1,500 mg Conc: 20 mg/mL (1/1) Frequency: ONCE  
Route: INTRAVENOUS Rate/Duration: - / -  
Admin Instructions: Dose based on ampicillin (20 mg/mL) Comments:  
Ready to administer by IV infusion over 10 to 30 minutes.

Administration	Status	Dose	Route	Site	Given By
09/22/09 0026	MAR				
	Unhold				
09/21/09 2253	MAR Hold				
09/21/09 2245	See Paper		INTRAVENOUS		Cynthia R Shatt, RN
	MAR				

Comments: given in ED

metronidazole RTA infusion 300 mg [10452279] Status: Discontinued (Past End Date/Time)

Ordered On: 09/21/09 2208 by Sing-Yi Feng, MD Starts/Ends: 09/21/09 2245 - 09/22/09 0109  
Dose (Remaining/Total): 60 mL = 300 mg Conc: 5 mg/mL (1/1) Frequency: ONCE  
Route: INTRAVENOUS Rate/Duration: - / -  
Admin Instructions: Ready to administer by IV infusion over 60 minutes. Use caution with PIV administration. Solution has pH < 5, or pH > 9, or osmolality > 600 mOsm/L. Comments:

Administration	Status	Dose	Route	Site	Given By
09/22/09 0026	MAR				
	Unhold				
09/21/09 2253	MAR Hold				
09/21/09 2245	See Paper		INTRAVENOUS		Cynthia R Shatt, RN
	MAR				

Comments: given in ED

dex 5%-nacl 0.45%-kcl 20 mEq/L infusion [10631996] Status: Discontinued (Past End Date/Time)

Ordered On: 09/22/09 0000 by Joseph T. Murphy, MD Starts/Ends: 09/22/09 2355 - 09/22/09 0109  
Dose (Remaining/Total): - (-/-) Frequency: CONTINUOUS  
Route: INTRAVENOUS Rate/Duration: 70 mL/hr / -  
Admin Instructions: Comments:

Administration	Status	Dose	Route	Site	Given By
09/21/09 2355	Rate Verify		INTRAVENOUS		Rama Panicker
	Rate: 70 mL/hr				

dex 5%-nacl 0.45%-kcl 20 mEq/L infusion [10736499] Status: Discontinued (Past End Date/Time), Reason: Discontinued by another clinician

Ordered On: 09/22/09 0111 by Joseph T. Murphy, MD Starts/Ends: 09/22/09 0145 - 09/22/09 1418  
Dose (Remaining/Total): - (-/-) Frequency: CONTINUOUS



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### All Meds and Administrations (continued)

Route: INTRAVENOUS

Rate/Duration: 70 mL/hr / -

Admin Instructions:

Comments:

Administration	Status	Dose	Route	Site	Given By
09/22/09 0125	New Bag		INTRAVENOUS		Cynthia R Shatt, RN
	Rate: 70 mL/hr				

morphine (pf) 1 mg/mL injection 2 mg [10736504]

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 09/22/09 0111 by Joseph T. Murphy, MD

Starts/Ends: 09/22/09 0111 - 09/22/09 1831

Dose (Remaining/Total): 2 mL = 2 mg Conc: 2 mg/2 mL (-/-) Frequency: EVERY 2 HOURS PRN

Route: INTRAVENOUS

Rate/Duration: - / -

Admin Instructions:

Comments:

Administration	Status	Dose	Route	Site	Given By
09/22/09 0050	Given	2 mg	INTRAVENOUS		Cynthia R Shatt, RN
	Dual Signoff by: Amber D Atchison, RN				

acetaminophen tablet 325 mg [10736507]

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 09/22/09 0111 by Joseph T. Murphy, MD

Starts/Ends: 09/22/09 0111 - 09/22/09 1831

Dose (Remaining/Total): 0.9231 Tab (0.9231 x 325 mg Tab) Frequency: EVERY 6 HOURS PRN (-/-)

Route: ORAL

Rate/Duration: - / -

Admin Instructions:

Comments:

Administration	Status	Dose	Route	Site	Given By
09/22/09 1321	Given	325 mg	ORAL		Jenny M Pawlewicz, RN

sodium chloride 0.9% flush 1-20 mL [10736664]

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 09/22/09 0111 by Joseph T. Murphy, MD

Starts/Ends: 09/22/09 0111 - 09/22/09 1831

Dose (Remaining/Total): 1-20 mL (-/-)

Frequency: PRN

Route: INTRAVENOUS

Rate/Duration: - / -

Admin Instructions:

Comments:

(No admins scheduled or recorded for this medication)

heparin 10 unit/mL flush 10-50 Units [10736665]

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 09/22/09 0111 by Joseph T. Murphy, MD

Starts/Ends: 09/22/09 0111 - 09/22/09 1831

Dose (Remaining/Total): 1-5 mL = 10-50 Units Conc: 10 Units/mL (-/-)

Frequency: PRN

Route: INTRAVENOUS

Rate/Duration: - / -

Admin Instructions: Per protocol, heparin should not be used Comments:



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### All Meds and Administrations (continued)

to flush peripheral IVs.

(No admins scheduled or recorded for this medication)

lidocaine-prilocaine (EMLA) cream [10736666]

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 09/22/09 0111 by Joseph T. Murphy, MD  
Dose (Remaining/Total): - (-/-)  
Route: TOPICAL  
Admin Instructions:

Starts/Ends: 09/22/09 0111 - 09/22/09 1831  
Frequency: PRN  
Rate/Duration: - / -  
Comments:

(No admins scheduled or recorded for this medication)

lidocaine-tetracaine (SYNERA) patch 1 Patch [10736669]

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 09/22/09 0111 by Joseph T. Murphy, MD  
Dose (Remaining/Total): 1 Patch (-/-)  
Route: TOPICAL  
Admin Instructions:

Starts/Ends: 09/22/09 0111 - 09/22/09 1831  
Frequency: PRN  
Rate/Duration: - / -  
Comments:

(No admins scheduled or recorded for this medication)

lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection [10736672]

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 09/22/09 0111 by Joseph T. Murphy, MD  
Dose (Remaining/Total): - (-/-)  
Route: INTRADERMAL  
Admin Instructions:

Starts/Ends: 09/22/09 0111 - 09/22/09 1831  
Frequency: PRN  
Rate/Duration: - / -  
Comments:

(No admins scheduled or recorded for this medication)

sodium chloride-pres free 0.9 % injection 1-30 mL [10736675]

Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 09/22/09 0111 by Joseph T. Murphy, MD  
Dose (Remaining/Total): 1-30 mL (-/-)  
Route: INTRAVENOUS  
Admin Instructions:

Starts/Ends: 09/22/09 0111 - 09/22/09 1831  
Frequency: PRN  
Rate/Duration: - / -  
Comments:

(No admins scheduled or recorded for this medication)

sodium chloride 0.9% 0.9 % flush [11374888]

Status: Dispensed (Past End Date/Time)

Ordered On: 09/21/09 2156 by  
Dose (Remaining/Total): - (1/1)  
Route: -  
Admin Instructions: Created by cabinet override pull

Starts/Ends: 09/21/09 2156 - 09/22/09 0959  
Frequency: -  
Rate/Duration: - / -  
Comments: Created by cabinet override pull



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### All Meds and Administrations (continued)

Administration	Status	Dose	Route	Site	Given By
09/22/09 1000	Not Given	mL			Jenny M Pawlewicz, RN
Reason: Other (See Comment)					Comments: given in the ER
09/21/09 2200	Not Given	mL			Jenny M Pawlewicz, RN
Reason: Other (See Comment)					Comments: not given on floor, given in the ER

#### etomidate 2 mg/mL injection [11374889] Status: Dispensed (Past End Date/Time)

Ordered On: 09/21/09 2157 by	Starts/Ends: 09/21/09 2157 - 09/22/09 0959
Dose (Remaining/Total): - (1/1)	Frequency: -
Route: -	Rate/Duration: - / -
Admin Instructions: Created by cabinet override pull	Comments: Created by cabinet override pull

Administration	Status	Dose	Route	Site	Given By
09/22/09 1000	Not Given				Jenny M Pawlewicz, RN
Reason: Other (See Comment)					Comments: given in the ER
09/21/09 2200	Not Given				Jenny M Pawlewicz, RN
Reason: Other (See Comment)					Comments: given in the ER

#### rocuronium 10 mg/mL injection [11374891] Status: Dispensed (Past End Date/Time)

Ordered On: 09/21/09 2157 by	Starts/Ends: 09/21/09 2157 - 09/22/09 0959
Dose (Remaining/Total): - (1/1)	Frequency: -
Route: -	Rate/Duration: - / -
Admin Instructions: Created by cabinet override pull	Comments: Created by cabinet override pull

Administration	Status	Dose	Route	Site	Given By
09/22/09 1000	Not Given	mg			Jenny M Pawlewicz, RN
Reason: Other (See Comment)					Comments: given in the ER
09/21/09 2200	Not Given	mg			Jenny M Pawlewicz, RN
Reason: Other (See Comment)					Comments: not given on floor, given in the ER

#### Diph,Pertus(Acel),Tetanus Pedi (INFANRIX-DTaP) injection 0.5 mL [11375110] Status: Completed (Past End Date/Time)

Ordered On: 09/22/09 1546 by Joseph T. Murphy, MD	Starts/Ends: 09/22/09 1630 - 09/22/09 1627
Dose (Remaining/Total): 0.5 mL (0/1)	Frequency: ONCE
Route: INTRAMUSCULAR	Rate/Duration: - / -
Admin Instructions: Manufacturer: GSK	Comments:
Lot Number: ac14b066aa	
Expiration: 1/31/2010	

Administration	Status	Dose	Route	Site	Given By
09/22/09 1627	Given	0.5 mL	INTRAMUSCULAR	Arm, Left Upper R	Jenny M Pawlewicz, RN



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**Other Results**

POC HEM [11208374] Resulted: 09/22/09 0632

Final result

Ordered by:	Joseph T. Murphy, MD 09/22/09 0632	Resulted by:	
Specimen:	Blood Unspecified Source 09/21/09 2204		
Component	Value	Ref Range	Flag Comment
Hgb	12.5	11.8 - 15.2 g/dl	-
			Lab POC Auto

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
200 - POC Auto	CMC LAB POC AUTO	Unknown	Unknown	06/03/08 0903 - Present

**Flowsheet Data by Day (09/21/09 0000--09/23/09 2359)****09/23/09**

Intra-op Handoff

\*\*None\*\*

I / O

\*\*None\*\*

Intra-op Medications

\*\*None\*\*

Phase I Assessment

\*\*None\*\*

Pre-Procedure Verification Checklist

\*\*None\*\*

Education

\*\*None\*\*

Phase I Assessment

\*\*None\*\*

ED Nurse Assessments

\*\*None\*\*

Music Therapy

Row Name 1018

**MUSIC THERAPY VISIT**

Referral Indications None

Type of Visit Initial

Reason for Visit Assessment of psychosocial needs

Met With Patient

Meeting Location Playroom

Interventions Interactive music play

Child / Family Patient participated in music therapy group in

Response C4 playroom. Patient engaged age-

appropriately in the musical interaction and demonstrated having stable coping.

Therefore, patient does not appear to be appropriate for individual services.

**MUSIC THERAPY PLAN**

Next Music Therapy Next week

/visit

Child Life

\*\*None\*\*

Drains/Tubes/Wounds

\*\*None\*\*



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09/23/09 (continued)

IV Assessment  
\*\*None\*\*  
Gen Peds - Safety Checks  
\*\*None\*\*  
MobileMeds Pain  
\*\*None\*\*  
Hand Off Communication  
\*\*None\*\*  
Treatment/Suction  
\*\*None\*\*  
Oxygen/Monitors  
\*\*None\*\*  
Pastoral Care  
\*\*None\*\*  
Gen Peds - Assessment  
\*\*None\*\*  
Daily Cares  
\*\*None\*\*  
I/O  
\*\*None\*\*  
Vitals  
\*\*None\*\*

09/22/09

Intra-op Handoff  
\*\*None\*\*

Row Name	1300	1200	I/O 1100	1000	0900
ENTERAL					
Clear Liquid p.o.	180 mL	--	--	--	240 mL
URINE OUTPUT					
Voided (mL)	200 ml	--	--	--	380 ml
TOTALS					
Column Intake	180 ml	35 ml	70 ml	70 ml	310 ml
Column Output	200 ml	--	--	--	380 ml
Column Net	-20	35	70	70	-70
24 hour net	-45	-25	-60	-130	-200
Row Name	0800	0700	0659	0559	0459
URINE OUTPUT					
Voided (mL)	--	200 ml	--	--	--
TOTALS					
Column Intake	70 ml	--	70 ml	70 ml	70 ml
Column Output	--	200 ml	--	--	--
Column Net	70	-200	70	70	70
24 hour net	-130	-200	-300	-370	-440
Row Name	0400	0359	0342	0339	0259
URINE OUTPUT					
Voided (mL)	200 ml	--	225 ml	120 ml	--
TOTALS					
Column Intake	--	70 ml	--	--	70 ml
Column Output	200 ml	--	225 ml	120 ml	--
Column Net	-200	70	-225	-120	70
24 hour net	-510	-310	-380	-155	-35
Row Name	0159	0125	0040	0020	
ENTERAL					
Clear Liquid p.o.	--	--	30 mL	30 mL	
				APPLE JUICE	
URINE OUTPUT					
Voided (mL)	--	300 ml	0 ml	--	
TOTALS					
Column Intake	70 ml	--	80 ml	30 ml	
Column Output	--	300 ml	0 ml	--	
Column Net	70	-300	80	30	
24 hour net	-105	-175	125	45	

Intra-op Medications  
\*\*None\*\*





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09/22/09 (continued)

		Phase I Assessment			
Row Name	1243	1200	0855	0845	0811
TEMPERATURE					
Temp	--	36.4 °C (97.5 °F)	--	--	--
HEART RATE					
Pulse	--	82	74	69	--
RESPIRATORY					
Resp	--	24	22	20	--
SpO2	--	--	99 %	98 %	--
PRESSURE					
BP	--	111/67 mmHg	--	--	--
PAIN ASSESSMENT					
Choose/Change a	Yes	--	--	--	Yes
Pain Scale					
0-5 PAIN					
Sedation Level	Awake and Alert	--	--	--	Awake and Alert
Pain Score	0	--	--	--	0
Row Name	0749	0421	0338	0159	0140
TEMPERATURE					
Temp	36.6 °C (97.9 °F)	--	36.1 °C (96.9 °F)	--	--
HEART RATE					
Pulse	67	--	75	--	--
RESPIRATORY					
Resp	16	--	18	--	--
SpO2	99 %	99 %	99 %	--	100 %
PRESSURE					
BP	112/77 mmHg	--	110/73 mmHg	--	--
PAIN ASSESSMENT					
Choose/Change a	--	Yes	--	Yes	--
Pain Scale					
0-5 PAIN					
Sedation Level	--	Drowsy, easily aroused	--	Asleep, not awakened for assessment	--
Pain Score	--	0	--	0	--
Row Name	0104	0053	0025	0006	0004
TEMPERATURE					
Temp	--	36.6 °C (97.9 °F)	36.4 °C (97.5 °F)	36.6 °C (97.9 °F)	--
Temp src	--	--	Temporal	Temporal	--
HEART RATE					
Pulse	--	77	78	86	--
RESPIRATORY					
Resp	--	19	20	20	--
Artificial airway	--	--	None	None	--
Oxygen therapy	--	--	None	None	--
SpO2	100 %	100 %	98 %	98 %	--
PRESSURE					
BP	--	115/78 mmHg	120/76 mmHg	105/78 mmHg	--
PAIN ASSESSMENT					
Choose/Change a	Yes	--	Yes	Yes	--
Pain Scale					
0-5 PAIN					
Sedation Level	Awake and Alert	--	Awake and Alert	Awake and Alert	--
Pain Score	4	--	0	0	--
Pain Location	Abdomen, right lower quadrant; Other (see comment)	--	--	--	--
Pain Onset	Post-operative	--	--	--	--
Pain Interventions	Medication administered as noted on MAR	--	--	--	--
Pain Comment	umbilical lap site	--	--	--	--
ACTIVITY					
Activity	--	--	--	--	Awake
VISITORS/COPING					
Visitors	--	--	--	--	Family
Coping	--	--	--	--	Yes
ALDRETE SCORE					
Activity	--	--	2	2	--



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09/22/09 (continued)

## Phase I Assessment (continued)

Row Name	0104	0053	0025	0006	0004
Respiration	--	--	2	2	--
Pre-op Systolic B/P	--	--	120	120	--
20% of Preop B/P	--	--	144	144	--
Plus					
20% of Pre-op B/P	--	--	96	96	--
Less					
50% Pre-op B/P Plus	--	--	180	180	--
50% Pre-op B/P	--	--	60	60	--
Less					
Circulation	--	--	2	2	--
Consciousness	--	--	2	2	--
Color	--	--	2	2	--
Aldrete Score	--	--	10	10	--
EXPECTED PACU PATIENT OUTCOMES UPON TRANSFER/DISCHARGE THE PATIENT WILL BE WITHIN THE PREOPERATIVE/ANESTHESIA LIMITS					
Regain Respiratory	--	--	--	--	Self maintained airway; Normal Respiratory rate; Ability to cough and deep Breathe; Bilateral breath sounds
Homeostasis as Evidenced by					Temperature; Pulse; Blood pressure; Adequate peripheral pulses; Capillary refill; Venous access lines patient/free of edema/redness; Overt bleeding absent/controlled
Maintained Cardiovascular Stability as Evidenced by	--	--	--	--	Bladder undistended; Due to void
Demonstrate Adequate Urinary Elimination as Evidenced by	--	--	--	--	
Regain Level of Consciousness and Orientation as Evidenced by	--	--	--	--	Drowsy, but easily aroused
Experience Minimal Discomfort as Evidenced by	--	--	--	--	No medication
Return of Muscular Activity as Evidenced by	--	--	--	--	Sensory function; Motor function; Equal hand grips
Demonstrates Dressing/Surgical Site	--	--	--	--	No anxiety
Discharge Criteria Score of 8 or Greater	--	--	--	--	Intact
INPATIENT BED ASSIGNMENT					10
Inpatient Bed Assignment Room Number	--	--	--	--	C4 255

## Pre-Procedure Verification Checklist

\*\*None\*\*  
Education

Row Name	0025	0013
LEARNING ASSESSMENT		
Learner	--	--
	AUNT AND GRAND MOM	
Barriers to Learning	None	--
Verbalizes Understanding of Outcomes (Safety/Procedure)	Confirmed	--



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09/22/09 (continued)

## Education (continued)

Row Name	0025	0013			
HOME CARE					
Who will be the patient's primary caretaker at home?	--	--			
		CPS CUSTODY			
Row Name	0855	0845	0811	0749	0421
RESPIRATORY					
SpO2	99 %	98 %	--	99 %	99 %
SpO2 Limit, High	--	--	100	--	--
SpO2 Limit, Low	--	--	92	--	--
CARDIAC ASSESSMENT					
Heart rate limit, High	--	--	180	--	--
Heart Rate Limit, Low	--	--	60	--	--
MUSCULOSKELETAL					
Musculoskeletal (WNL)	--	--	WNL	--	--
Row Name	0338	0140	0108	0104	0053
RESPIRATORY					
SpO2	99 %	100 %	--	100 %	100 %
SpO2 Limit, High	--	100	100	--	--
SpO2 Limit, Low	--	92	92	--	--
CARDIAC ASSESSMENT					
Heart rate limit, High	--	180	180	--	--
Heart Rate Limit, Low	--	60	60	--	--
MUSCULOSKELETAL					
Musculoskeletal (WNL)	--	--	--	WNL	--
Row Name	0025	0006	0004		
RESPIRATORY					
Artificial airway	None	None	--		
Oxygen therapy	None	None	--		
SpO2	98 %	98 %	--		
	ROOM AIR				
VISITORS/COPING					
Visitors	--	--	Family		
Coping	--	--	Yes		
INPATIENT BED ASSIGNMENT					
Inpatient Bed	--	--	C4 255		
Assignment Room Number					

## ED Nurse Assessments

Row Name	0053				
MEASUREMENTS					
Height	145 cm (57.09")				
Wt - Scale	30 kg (66 lb 2.2 oz)				
BMI (Calculated)	14.3				
BSA (Calculated - sq m)	1.1 sq meters				
			Music Therapy		
			**None**		
			Child Life		
Row Name	1106	0232			
CHILD LIFE VISIT					
Type of Visit	Initial	Emergent			
Reason for Visit	Staff request; Emotional support	responded to trauma stat Crisis support; Staff request responded to trauma stat and consulted by ED Attending			
Met With	Patient; Aunt(s); Uncle(s); Sibling(s)	Sibling(s); Aunt(s); Uncle(s); Patient			
Meeting Location	Playroom	Bedside			
Topics Discussed	Reduction of anxiety / fear; Playroom; Psychosocial assessment	Surgery; Introduction of services provided surgery preparation			



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09/22/09 (continued)

## Child Life (continued)

Row Name	1106	0232
Interventions	Trauma debriefing; Grief support; Discussion; Legacy building activities; Developmentally appropriate activities	Grief support provided support to pt and family
Materials Used	Multiple grief materials -- provided.	
Observations of Play	Jerret and his brother (12 yo) JT are currently in the playroom engaging in activities and the Wii.	
Psychosocial Assessment	Displays difficulty coping; Patient; Family	--
Difficulty Coping With	Traumatic event	--
Coping Strategies	Mother and 6 yo sister died as a result of the stabbing. JT was uninjured.	--
Comments	Mom's brother (uncle) and his wife are bedside with the boys. JT's father is additionally here.	Child life responded to trauma stat and received consult from emergency room attending. Met with patient, sibling and extended family to provide support. Prepared pt. for surgery. Provided family with grief resources.

## Drains/Tubes/Wounds

Row Name	1243	0811	0421	0104	0025
WOUND SURGICAL	INCISION ABDOMEN				
Wound Properties	Date First Noted:: 09/21/09 Time First Noted:: 2336 Wound Type: Incision Wound Location: Abd Detailed Location Description: UMBILICAL AREA AND RLQ AREA				
Assessment	--	Dressing in place	Dressing in place	Clean; Dry; Dressing in place	--
Closure	--	Steri-strips	Steri-strips	Steri-strips	Steri-strips
Drainage Amount	--	Scant	Scant	No drainage	Scant
Drainage Character	--	Thin	--	Thin	Thin
Drainage Color	--	Serosanguinous	Serosanguinous	Serosanguinous	Serosanguinous
Drainage Odor	--	No odor	--	No odor	No odor
Dressing Status	--	Intact; Dry; Old drainage	Intact	Clean; Dry; Intact	Dry; Intact

## IV Assessment

Row Name	1243	1200	1100	1000	0900
PERIPHERAL IV LEFT HAND: DORSAL DIGITAL METACARPAL					
PIV Properties	Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D. Metacarpal Number of Attempts: 1 Patient identified by: Name; DOB; Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation Dressing Secured: Bandaid; Sterile gauze				
Status	Hep locked	Infusing	Infusing	Infusing	Infusing
Infiltration Score	0	0	0	0	0
Phlebitis Score	0	0	0	0	0
Dressing Assessment	Clean; Dry	Clean; Dry	Clean; Dry	Clean; Dry	Clean; Dry
Row Name	0811	0700	0600	0500	0400
PERIPHERAL IV LEFT HAND: DORSAL DIGITAL METACARPAL					
PIV Properties	Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D. Metacarpal Number of Attempts: 1 Patient identified by: Name; DOB; Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation Dressing Secured: Bandaid; Sterile gauze				
Status	Infusing	Infusing	Infusing	Infusing	Infusing



DALLAS  
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9/22/09 (continued)

## IV Assessment (continued)

Row Name	0811	0700	0600	0500	0400
Infiltration Score	0	0	0	0	0
Phlebitis Score	0	0	0	0	0
Dressing Assessment	Clean; Dry	Clean; Secure; Dry	Clean; Dry; Secure	Clean; Dry; Secure	Clean; Dry; Secure
Row Name	0300	0159	0104	0025	

## PERIPHERAL IV LEFT HAND: DORSAL DIGITAL METACARPAL

PIV Properties Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital  
Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D. Metacarpal Number of Attempts: 1 Patient identified by: Name; DOB; Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation  
Dressing Secured: Bandaid; Sterile gauze

Status	Infusing	Infusing	Infusing	Infusing
Infiltration Score	0	0	0	0
Phlebitis Score	0	0	0	0
Dressing Assessment	Clean; Dry; Secure	Clean; Dry; Secure	Clean; Dry; Secure	Clean; Dry; Secure

## Gen Peds - Safety Checks

Row Name	0811	0140	0108
SAFETY CHECKS			
O2 Mask in Room	Yes	--	Yes
O2/Anesthesia Bag in Room	Yes	--	Yes
Self Inflating Bag in Room	No	--	No
Flowmeter at Bedside	Yes	--	Yes
Isolations Precautions	Standard	--	Standard
Airway	N/A	--	N/A
Precautions/Alert		--	
Suction at Bedside	Yes	--	Yes
Admitted on Cardiac Monitor	Yes	--	Yes
Side rails Up	x 2	--	x 2
Personal Protective Equipment in Room	Yes	--	Yes
ID Band Location	Arm, Left	--	Arm, Left
Allergy Band On	N/A	--	N/A
Brakes Locked	Yes	--	Yes
Call Light in Reach	Yes	--	Yes
Chemotherapy	N/A	--	N/A
Precautions		--	
General Precautions	Standard	--	Standard
ICP Precautions	N/A	--	N/A
Seizure Precautions	N/A	--	N/A
Wire Cutters at Bedside	N/A	--	N/A
Wrench at Bedside	No	--	No
Transport Method	Wheelchair	--	Wheelchair
Nurse Accompany to Off Unit Procedure	Yes	--	Yes
Bed Type	Adult bed	--	Adult bed
Special Bedding	N/A	--	N/A

## CARDIAC MONITOR ALARM LIMITS

Heart rate limit, High	180	180	180
Heart Rate Limit, Low	60	60	60
Resp Rate Limit, High	40	--	40
Resp Rate Limit, Low	14	--	14
Systolic BP Limit, High	130	--	130
Systolic BP Limit, Low	60	--	60
Diastolic BP Limit, High	80	--	80
Diastolic BP Limit, Low	40	--	40
pO2 Limit, High	100	100	100
SpO2 Limit, Low	92	92	92
Apnea Limit (Seconds)	20 seconds	--	--



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09/22/09 (continued)

Gen Peds - Safety Checks (continued)

Row Name	0811	0140	0108
FALL RISK SCREEN (ANSWER ALL QUESTIONS.)			
Previous fall while hospitalized?	0	--	0
Able to Ambulate Independently?	0	--	0
Confused or Disoriented?	0	--	0
Chief complaint likely to affect balance/gait?	0	--	0
Chief complaint/ history of seizures?	0	--	0
Use of Assistive Devices?	0	--	0
Visually Impaired?	0	--	0
Change in Mental Status?	0	--	0
Fall Screen Score	0	--	0
FALL RISK ASSESSMENT			
Previous fall while hospitalized?	0	--	0
Expected Length of Stay	0	--	0
IV or Heparin Lock in Place?	0	--	0
Receiving PT or OT Services?	0	--	0
Anticonvulsant Meds Prescribed for Seizures?	0	--	0
Musculoskeletal or Orthopedic Diagnosis?	0	--	0
Fall Risk Score	0	--	0
INJURY PREVENTION STRATEGIES (IMPLEMENT HIGH RISK STRATEGIES FOR SCORE >2.)			
General Injury	Yes	--	Yes
Prevention Strategies			
High Risk Fall Prevention	N/A	--	N/A
MODIFIED BRADEN Q SCALE			
Mobility	4	--	4
Activity	4	--	4
Sensory Perceptions	4	--	4
Moisture	4	--	4
Friction and Shear	4	--	4
Nutrition	4	--	4
Tissue Perfusion/Oxygenation	4	--	4
Braden Scale Score	28	--	28

MobileMeds Pain

Row Name	1200	0855	0845	0749	0421
MOBILEMEDS VITALS					
Temp	36.4 °C (97.5 °F)	--	--	36.6 °C (97.9 °F)	--
Temp src	Axillary	--	--	Axillary	--
Pulse	82	74	69	67	--
Resp	24	22	20	16	--
BP	111/67 mmHg	--	--	112/77 mmHg	--
BP Location	Arm, Right	--	--	Arm, Right	--
SpO2	--	99 %	98 %	99 %	99 %
Row Name	0338	0140	0104	0053	0025
MOBILEMEDS VITALS					
Temp	36.1 °C (96.9 °F)	--	--	36.6 °C (97.9 °F)	36.4 °C (97.5 °F)
Temp src	Axillary	--	--	Axillary	--
Pulse	75	--	--	77	78
Resp	18	--	--	19	20
BP	110/73 mmHg	--	--	115/78 mmHg	120/76 mmHg
BP Location	Arm, Right	--	--	Arm, Left	--



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09/22/09 (continued)

Row Name	0338	0140	0104	0053	0025
SpO2	99 %	100 %	100 %	100 %	98 %
Height	--	--	--	145 cm (57.09")	--
Wt - Scale	--	--	--	30 kg (66 lb 2.2 oz)	--

Row Name 0006

MOBILEMEDS VITALS

Temp 36.6 °C (97.9 °F)  
Pulse 86  
Resp 20  
BP 105/78 mmHg  
SpO2 98 %

MobileMeds Pain (continued)

Row Name 1455 0737 Hand Off Communication 0724

NURSE SIGN OFF - TRANSFER LEVEL OF CARE

Hand Off	Given	Received	Given
Communication	--	--	Given
Communicated With	--	--	CINDY SHATT, RN
Information Reviewed	--	--	History; Plan of Care; Events of previous shift; Medications
Patient Transferred To/From	--	--	C4 255 FROM PACU
Accompanied By	--	--	Nurse AND CLIN TECH
Transported With	--	--	Monitor; Oxygen; Bag and Mask

RCP SIGN OFF - TRANSFER LEVEL OF CARE

Hand Off	Given	Received	Given
Communication	--	--	--
Communicated With	Climer, Margie	Margie Climer	M. CLIMER
Information Reviewed	History; Plan of Care; Medications; Events of previous shift	History; Plan of Care; Medications; Events of previous shift	History; Plan of Care
Report Type	--	--	Shift Change
Information Reviewed	--	--	History; Medications; Plan of Care; Patient Education; Events of previous shift
Hand Off	--	--	Received
Communication	--	--	--
Communicated With	--	--	C Shatt, RN

Row Name 1200 1115 Treatment/Suction 0855

Row Name	1200	1115	0855	0845	0749
RCP PROCEDURE LATE/MISSED/RESCHEDULED	--	Patient not available	--	--	--
Reason not done	--	Incentive Spirometry	--	--	--
RCP Procedure	--	--	--	--	--
ASSESSMENT	--	--	Post-Treatment	Pre-Treatment	--
Treatment	--	--	--	--	--
Assessment	--	--	--	--	--
Pulse	82	--	74	69	67
Resp	24	--	22	20	16
SpO2	--	--	99 %	98 %	99 %
RUL Breath Sounds	--	--	Clear	Clear	--
RML Breath Sounds	--	--	Clear	Clear	--
RLL Breath Sounds	--	--	Clear	Clear	--
LUL Breath Sounds	--	--	Clear	Clear	--
LLL Breath Sounds	--	--	Clear	Clear	--
Work of Breathing	--	--	No visible distress	No visible distress	--
Retractions	--	--	No retractions	--	--
Chest Movement	--	--	Equal bilaterally	--	--
Post Treatment	--	--	Improved	--	--
Comment	--	--	patient instructed on how to perform therapy on his own	--	--





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09/22/09 (continued)

			Treatment/Suction (continued)		
Row Name	1200	1115	0855	0845	0749
Adverse Reaction	--	--	None	--	--
<b>INCENTIVE SPIROMETRY</b>					
Repetitions	--	--	--	10	--
Volume Achieved	--	--	--	1000 mL	--
Effort	--	--	--	Good	--
Risk Factor	--	--	--	No	--
Evaluation	--	--	--	--	--
Inspiratory Capacity	--	--	--	--	--
Pulmonary History	--	--	--	pt has no height on file	--
Row Name	0421	0338	0140	0104	0053
<b>ASSESSMENT</b>					
Pulse	--	75	--	--	77
Resp	--	18	--	--	19
SpO2	99 %	99 %	100 %	100 %	100 %
RUL Breath Sounds	--	--	--	Clear	--
RML Breath Sounds	--	--	--	Clear	--
RLL Breath Sounds	--	--	--	Clear	--
LUL Breath Sounds	--	--	--	Clear	--
LLL Breath Sounds	--	--	--	Clear	--
Work of Breathing	--	--	--	No visible distress	--
Chest Movement	--	--	--	Equal bilaterally	--
<b>OTHER</b>					
Compressed or room air (.21)	Room air	--	--	Room air	--
Row Name	0025	0006			
<b>ASSESSMENT</b>					
Pulse	78	86			
Resp	20	20			
SpO2	98 %	98 %			
	ROOM AIR				
<b>Oxygen/Monitors</b>					
Row Name	1115	0855	0845	0811	0749
<b>RCP PROCEDURE LATE/MISSED/RESCHEDULED</b>					
Reason not done	Patient not available	--	--	--	--
RCP Procedure	Incentive Spirometry	--	--	--	--
<b>OXYGEN THERAPY</b>					
SpO2	--	99 %	98 %	--	99 %
<b>ALARM LIMITS</b>					
Heart rate limit, High	--	--	--	180	--
Heart Rate Limit, Low	--	--	--	60	--
Resp Rate Limit, High	--	--	--	40	--
Resp Rate Limit, Low	--	--	--	14	--
SpO2 Limit, High	--	--	--	100	--
SpO2 Limit, Low	--	--	--	92	--
Apnea Limit (Seconds)	--	--	--	20 seconds	--
Row Name	0421	0338	0140	0108	0104
<b>OXYGEN THERAPY</b>					
SpO2	99 %	99 %	100 %	--	100 %
<b>ALARM LIMITS</b>					
Heart rate limit, High	--	--	180	180	--
Heart Rate Limit, Low	--	--	60	60	--
Resp Rate Limit, High	--	--	--	40	--
Resp Rate Limit, Low	--	--	--	14	--
SpO2 Limit, High	--	--	100	100	--
SpO2 Limit, Low	--	--	92	92	--
Row Name	0053	0025	0006		
<b>OXYGEN THERAPY</b>					
SpO2	100 %	98 %	98 %		
		ROOM AIR			
<b>Pastoral Care</b>					
Row Name	1050				
<b>VISIT INFORMATION</b>					





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09/22/09 (continued)

## Pastoral Care (continued)

Row Name 1050  
Referral Indications Other  
Special concerns  
regarding his presenting  
condition  
Type of Visit Initial  
Reason for Visit Chaplain rounds  
Met With Patient; Sibling  
Interventions Active  
listening; Spiritual  
support offered  
Additional Clergy No  
Involved?

## Gen Peds - Assessment

Row Name 1243 1200 1100 1000 0900

## INTEGUMENTARY

Urinary Catheter properties Placement Date: 09/21/09 Placement Time: 2300 Catheter Type: Foley Catheter Size: 10fr Patient identified by: Name; DOB Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Comfort Measures: Patient in OR under general anesthesia Catheter secured with: Tape Removal Date: 09/21/09 Removal Time: 2330 Patient Identified by: Medical Record Number; Name D/C indications: Therapy complete Foley removed: Foley removed intact; Balloon deflated

Integumentary (WNL) --  
no changes

## PERIPHERAL IV LEFT HAND: DORSAL DIGITAL METACARPAL

PIV Properties Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D Metacarpal Number of Attempts: 1 Patient identified by: Name; DOB; Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation Dressing Secured: Bandaid; Sterile gauze

Status	Hep locked	Infusing	Infusing	Infusing	Infusing
Infiltration Score	0	0	0	0	0
Phlebitis Score	0	0	0	0	0
Dressing Assessment	Clean; Dry	Clean; Dry	Clean; Dry	Clean; Dry	Clean; Dry

## WOUND SURGICAL INCISION ABDOMEN

Wound Properties Date First Noted:: 09/21/09 Time First Noted:: 2336 Wound Type: Incision Wound Location: Abd Detailed Location Description: UMBILICAL AREA AND RLQ AREA

Assessment --  
no changes

## PAIN ASSESSMENT

Choose/Change a Yes

Pain Scale

0-5 PAIN

Sedation Level Awake and Alert

Pain Score 0

Row Name 0855 0845 0811 0749 0700

## NEUROLOGICAL

Neurological (WNL) --

## CARDIOVASCULAR

Cardiovascular --

(WNL)

## RESPIRATORY

Respiratory (WNL) --

Work of Breathing No visible distress

Retractions No retractions

Chest Movement Equal bilaterally

## BREATH SOUNDS

LUL Breath Sounds Clear

LLL Breath Sounds Clear

RUL Breath Sounds Clear

RML Breath Sounds Clear

RLL Breath Sounds Clear

## OXYGENATION

SpO2 99 %

98 %

99 %

## ASTROINTESTINAL

Gastrointestinal --

(WNL)

## GENITOURINARY



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09/22/09 (continued)

Gen Peds - Assessment (continued)

Row Name	0855	0845	0811	0749	0700
Genitourinary (WNL)	--	--	WNL	--	--
<b>INTEGUMENTARY</b>					
Urinary Catheter properties	Placement Date: 09/21/09 Placement Time: 2300 Catheter Type: Foley Catheter Size: 10fr Patient identified by: Name;DOB Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Comfort Measures: Patient in OR under general anesthesia Catheter secured with: Tape Removal Date: 09/21/09 Removal Time: 2330 Patient Identified by: Medical Record Number;Name D/C indications: Therapy complete Foley removed: Foley removed intact;Balloon deflated				
Integumentary (WNL)	--	--	X	--	--
Skin Integrity	--	--	Impaired	--	--
Skin Appearance	--	--	Puncture sites from IV starts/lab draws;Warm to Touch	--	--
Skin Discoloration	--	--	Ecchymosis/Bruising bruising observed to rt cheek, nose and chin.	--	--
<b>PERIPHERAL IV LEFT HAND:DORSAL DIGITAL METACARPAL</b>					
PIV Properties	Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D:Metacarpal Number of Attempts: 1 Patient identified by: Name;DOB;Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation Dressing Secured: Bandaid;Sterile gauze				
Status	--	--	Infusing	--	Infusing
Infiltration Score	--	--	0	--	0
Phlebitis Score	--	--	0	--	0
Dressing Assessment	--	--	Clean;Dry	--	Clean;Secure;Dry
<b>WOUND SURGICAL INCISION ABDOMEN</b>					
Wound Properties	Date First Noted:: 09/21/09 Time First Noted:: 2336 Wound Type: Incision Wound Location: Abd Detailed Location Description: UMBILICAL AREA AND RLQ AREA				
Assessment	--	--	Dressing in place	--	--
Closure	--	--	Steri-strips	--	--
Drainage Amount	--	--	Scant	--	--
Drainage Character	--	--	Thin	--	--
Drainage Color	--	--	Serosanguinous	--	--
Drainage Odor	--	--	No odor	--	--
Dressing Status	--	--	Intact;Dry;Old drainage	--	--
<b>MUSCULOSKELETAL</b>					
Musculoskeletal (WNL)	--	--	WNL	--	--
<b>EENMT</b>					
EENMT (WNL)	--	--	WNL	--	--
<b>PAIN ASSESSMENT</b>					
Choose/Change a	--	--	Yes	--	--
Pain Scale					
0-5 PAIN					
Sedation Level	--	--	Awake and Alert	--	--
Pain Score	--	--	0	--	--
Row Name	0600	0500	0421	0400	0338
<b>CARDIOVASCULAR</b>					
Cardiovascular (WNL)	--	--	WNL	--	--
<b>RESPIRATORY</b>					
Respiratory (WNL)	--	--	WNL	--	--
<b>OXYGENATION</b>					
SpO2	--	--	99 %	--	99 %
<b>INTEGUMENTARY</b>					
Urinary Catheter properties	Placement Date: 09/21/09 Placement Time: 2300 Catheter Type: Foley Catheter Size: 10fr Patient identified by: Name;DOB Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Comfort Measures: Patient in OR under general anesthesia Catheter secured with: Tape Removal Date: 09/21/09 Removal Time: 2330 Patient Identified by: Medical Record Number;Name D/C indications: Therapy complete Foley removed: Foley removed intact;Balloon deflated				
Integumentary (WNL)	--	--	X no change from previous assessment	--	--
<b>PERIPHERAL IV LEFT HAND:DORSAL DIGITAL METACARPAL</b>					



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09/22/09 (continued)

Gen Peds - Assessment (continued)

Row Name	0600	0500	0421	0400	0338
PIV Properties	Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D. Metacarpal. Number of Attempts: 1 Patient identified by: Name; DOB; Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation Dressing Secured: Bandaid; Sterile gauze				
Status	Infusing	Infusing	--	Infusing	--
Infiltration Score	0	0	--	0	--
Phlebitis Score	0	0	--	0	--
Dressing Assessment	Clean; Dry; Secure	Clean; Dry; Secure	--	Clean; Dry; Secure	--
<b>WOUND SURGICAL INCISION ABDOMEN</b>					
Wound Properties	Date First Noted:: 09/21/09 Time First Noted:: 2336 Wound Type: Incision Wound Location: Abd Detailed Location Description: UMBILICAL AREA AND RLQ AREA				
Assessment	--	--	Dressing in place	--	--
Closure	--	--	Steri-strips	--	--
Drainage Amount	--	--	Scant	--	--
Drainage Color	--	--	Serosanguinous	--	--
Dressing Status	--	--	Intact	--	--
<b>PAIN ASSESSMENT</b>					
Choose/Change a	--	--	Yes	--	--
Pain Scale	--	--	--	--	--
<b>0-5 PAIN</b>					
Sedation Level	--	--	Drowsy, easily aroused	--	--
Pain Score	--	--	0	--	--
<b>OTHER</b>					
Compressed or room air (.21)	--	--	Room air	--	--
Row Name	0300	0159	0140	0104	0053
<b>NEUROLOGICAL</b>					
Neurological (WNL)	--	--	--	WNL	--
<b>CARDIOVASCULAR</b>					
Cardiovascular (WNL)	--	--	--	WNL	--
<b>RESPIRATORY</b>					
Respiratory (WNL)	--	--	--	WNL	--
Rhythm/Character	--	--	--	Regular	--
Work of Breathing	--	--	--	No visible distress	--
Chest Movement	--	--	--	Equal bilaterally	--
<b>BREATH SOUNDS</b>					
LUL Breath Sounds	--	--	--	Clear	--
LLL Breath Sounds	--	--	--	Clear	--
RUL Breath Sounds	--	--	--	Clear	--
RML Breath Sounds	--	--	--	Clear	--
RLL Breath Sounds	--	--	--	Clear	--
<b>OXYGENATION</b>					
SpO2	--	--	100 %	100 %	100 %
<b>GASTROINTESTINAL</b>					
Gastrointestinal (WNL)	--	--	--	WNL	--
<b>GENITOURINARY</b>					
Genitourinary (WNL)	--	--	--	WNL	--
<b>INTEGUMENTARY</b>					
Urinary Catheter properties	Placement Date: 09/21/09 Placement Time: 2300 Catheter Type: Foley Catheter Size: 10fr Patient identified by: Name; DOB Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Comfort Measures: Patient in OR under general anesthesia Catheter secured with: Tape Removal Date: 09/21/09 Removal Time: 2330 Patient identified by: Medical Record Number; Name D/C indications: Therapy complete Foley removed: Foley removed intact; Balloon deflated				
Integumentary (WNL)	--	--	--	X	--
Skin Integrity	--	--	--	Impaired	--
Skin Appearance	--	--	--	Puncture sites from IV starts/lab draws; Scars; Redness	--
Skin Discoloration	--	--	--	Ecchymosis/Bruising and bruising to face; abrasion and bruising to L neck	--
<b>PERIPHERAL IV LEFT HAND: DORSAL DIGITAL METACARPAL</b>					



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09/22/09 (continued)

Gen Peds - Assessment (continued)

Row Name	0300	0159	0140	0104	0053
PIV Properties	Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D.Metacarpal Number of Attempts: 1 Patient identified by: Name;DOB;Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation Dressing Secured: Bandaid;Sterile gauze				
Status	Infusing	Infusing	--	Infusing	--
Infiltration Score	0	0	--	0	--
Phlebitis Score	0	0	--	0	--
Dressing Assessment	Clean;Dry;Secure	Clean;Dry;Secure	--	Clean;Dry;Secure	--
<b>WOUND SURGICAL INCISION ABDOMEN</b>					
Wound Properties	Date First Noted:: 09/21/09 Time First Noted:: 2336 Wound Type: Incision Wound Location: Abd Detailed Location Description: UMBILICAL AREA AND RLQ AREA				
Assessment	--	--	--	Clean;Dry;Dressing in place	--
Closure	--	--	--	Steri-strips	--
Drainage Amount	--	--	--	No drainage	--
Drainage Color	--	--	--	Serosanguinous	--
Drainage Odor	--	--	--	No odor	--
Dressing Status	--	--	--	Clean;Dry;Intact	--
<b>MUSCULOSKELETAL</b>					
Musculoskeletal (WNL)	--	--	--	WNL	--
EENMT	--	--	--	WNL	--
EENMT (WNL)	--	--	--	WNL	--
<b>PAIN ASSESSMENT</b>					
Choose/Change a Pain Scale	--	Yes	--	Yes	--
<b>0-5 PAIN</b>					
Sedation Level	--	Asleep, not awakened for assessment	--	Awake and Alert	--
Pain Score	--	0	--	4	--
Pain Location	--	--	--	Abdomen, right lower quadrant;Other (see comment)	--
Pain Onset	--	--	--	Post-operative	--
Pain Interventions	--	--	--	Medication administered as noted on MAR	--
Pain Comment	--	--	--	umbilical lap site	--
<b>OTHER</b>					
Compressed or room air (.21)	--	--	--	Room air	--
Row Name	0025	0006			
<b>OXYGENATION</b>					
SpO2	98 %	98 %			
	ROOM AIR				
<b>PERIPHERAL IV LEFT HAND:DORSAL DIGITAL METACARPAL</b>					
PIV Properties	Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D.Metacarpal Number of Attempts: 1 Patient identified by: Name;DOB;Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation Dressing Secured: Bandaid;Sterile gauze				
Status	Infusing	--			
Infiltration Score	0	--			
Phlebitis Score	0	--			
Dressing Assessment	Clean;Dry;Secure	--			
<b>WOUND SURGICAL INCISION ABDOMEN</b>					
Wound Properties	Date First Noted:: 09/21/09 Time First Noted:: 2336 Wound Type: Incision Wound Location: Abd Detailed Location Description: UMBILICAL AREA AND RLQ AREA				
Closure	Steri-strips	--			
Drainage Amount	Scant	--			
Drainage Character	Thin	--			
Drainage Color	Serosanguinous	--			
Drainage Odor	No odor	--			
Dressing Status	Dry;Intact	--			



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09/22/09 (continued)

## Gen Peds - Assessment (continued)

Row Name	0025	0006			
PAIN ASSESSMENT					
Choose/Change a Pain Scale	Yes	Yes			
0-5 PAIN					
Sedation Level	Awake and Alert	Awake and Alert			
Pain Score	0	0			
Row Name	1015		Daily Cares		
MISC. CARES					
Linen Changed	Done				
Row Name	1300	1200	I / O	1000	0900
ENTERAL					
Clear Liquid p.o.	180 mL	--	--	--	240 mL
MEAL AND SNACK					
Meal / Snack	Lunch	--	--	--	Breakfast
Amount Taken	1/2	--	--	--	All
DEX 5%-NACL 0.45%-KCL 20 MEQ/L INFUSION					
Volume	--	35 mL	70 mL	70 mL	70 mL
URINE OUTPUT					
Voided (mL)	200 ml	--	--	--	380 ml
TOTALS					
Column Intake	180 ml	35 ml	70 ml	70 ml	310 ml
Column Output	200 ml	--	--	--	380 ml
Column Net	-20	35	70	70	-70
24 hour net	-45	-25	-60	-130	-200
Row Name	0800	0700	0659	0559	0459
DEX 5%-NACL 0.45%-KCL 20 MEQ/L INFUSION					
Volume	70 mL	--	70 mL	70 mL	70 mL
URINE OUTPUT					
Voided (mL)	--	200 ml	--	--	--
TOTALS					
Column Intake	70 ml	--	70 ml	70 ml	70 ml
Column Output	--	200 ml	--	--	--
Column Net	70	-200	70	70	70
24 hour net	-130	-200	-300	-370	-440
Row Name	0400	0359	0342	0339	0259
DEX 5%-NACL 0.45%-KCL 20 MEQ/L INFUSION					
Volume	--	70 mL	--	--	70 mL
URINE OUTPUT					
Voided (mL)	200 ml	--	225 ml	120 ml	--
TOTALS					
Column Intake	--	70 ml	--	--	70 ml
Column Output	200 ml	--	225 ml	120 ml	--
Column Net	-200	70	-225	-120	70
24 hour net	-510	-310	-380	-155	-35
Row Name	0159	0125	0040	0020	
ENTERAL					
Clear Liquid p.o.	--	--	30 mL	30 mL	APPLE JUICE
DEX 5%-NACL 0.45%-KCL 20 MEQ/L INFUSION					
Volume	--	--	50 mL	--	--
DEX 5%-NACL 0.45%-KCL 20 MEQ/L INFUSION					
Rate	--	70 mL/hr	--	--	--
Volume	70 mL	--	--	--	--
Line	--	Peripheral IV Left Hand:Dorsal Digital Metacarpal	--	--	--
URINE OUTPUT					
Voided (mL)	--	300 ml	0 ml	--	--
TOTALS					
Column Intake	70 ml	--	80 ml	30 ml	--
Column Output	--	300 ml	0 ml	--	--
Column Net	70	-300	80	30	--
24 hour net	-105	-175	125	45	--
Row Name	1243	1200	0855	0845	0811

**children's**  
MEDICAL CENTER

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09/22/09 (continued)

Row Name		1243	1200	Vitals (continued)		0855	0845	0811
TEMPERATURE								
Temp	--		36.4 °C (97.5 °F)	--	--	--	--	--
Temp src	--		Axillary	--	--	--	--	--
HEART RATE								
Pulse	--		82	74	69	--	--	--
RESPIRATORY RATE								
Resp	--		24	22	20	--	--	--
BLOOD PRESSURE								
BP	--		111/67 mmHg	--	--	--	--	--
BP Location	--		Arm, Right	--	--	--	--	--
OXYGENATION								
SpO2	--	--	--	99 %	98 %	--	--	--
PAIN ASSESSMENT								
Choose/Change a	Yes	--	--	--	--	--	--	Yes
Pain Scale								
0-5 PAIN								
Sedation Level	Awake and Alert	--	--	--	--	--	--	Awake and Alert
Pain Score	0	--	--	--	--	--	--	0
Row Name	0749	0421	0338	0159	0140			
TEMPERATURE								
Temp	36.6 °C (97.9 °F)	--	36.1 °C (96.9 °F)	--	--	--	--	--
Temp src	Axillary	--	Axillary	--	--	--	--	--
HEART RATE								
Pulse	67	--	75	--	--	--	--	--
RESPIRATORY RATE								
Resp	16	--	18	--	--	--	--	--
BLOOD PRESSURE								
BP	112/77 mmHg	--	110/73 mmHg	--	--	--	--	--
BP Location	Arm, Right	--	Arm, Right	--	--	--	--	--
OXYGENATION								
SpO2	99 %	99 %	99 %	--	100 %			
PAIN ASSESSMENT								
Choose/Change a	--	Yes	--	Yes	--	--	--	--
Pain Scale								
0-5 PAIN								
Sedation Level	--	Drowsy, easily aroused	--	Asleep, not awakened for assessment	--	--	--	--
Pain Score	--	0	--	0	--	--	--	--
Row Name	0104	0053	0025	0006				
TEMPERATURE								
Temp	--	36.6 °C (97.9 °F)	36.4 °C (97.5 °F)	36.6 °C (97.9 °F)				
Temp src	--	Axillary	--	--				
HEART RATE								
Pulse	--	77	78	86				
RESPIRATORY RATE								
Resp	--	19	20	20				
BLOOD PRESSURE								
BP	--	115/78 mmHg	120/76 mmHg	105/78 mmHg				
BP Location	--	Arm, Left	--	--				
OXYGENATION								
SpO2	100 %	100 %	98 % ROOM AIR	98 %				
MEASUREMENTS								
Height	--	145 cm (57.09")	--	--				
Wt - Scale	--	30 kg (66 lb 2.2 oz)	--	--				
Weight Device Used	--	Stand-up scale	--	--				
BMI (Calculated)	--	14.3	--	--				
BSA (Calculated - sq m)	--	1.1 sq meters	--	--				
PAIN ASSESSMENT								
Choose/Change a	Yes	--	Yes	Yes				
Pain Scale								
0-5 PAIN								
Sedation Level	Awake and Alert	--	Awake and Alert	Awake and Alert				
Pain Score	4	--	0	0				





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09/22/09 (continued)

Row Name	0104	0053	Vitals (continued) 0025	0006
Pain Location	Abdomen, right lower quadrant; Other (see comment)	--	--	--
Pain Onset	Post-operative	--	--	--
Pain Interventions	Medication administered as noted on MAR	--	--	--
Pain Comment	umbilical lap site	--	--	--

09/21/09

Row Name	2330	Intra-op Handoff
INTRA OPERATIVE HANDOFF / SBAR COMMUNICATION		
Hand Off / SBAR Communication	Given	
Communicated With	PACU nurse	
Patient Destination	PACU	
Accompanied By	Anesthesiologist; OR nurse; Resident	
Patient Transported Via	Stretcher	
Patient Condition	Stable; Pulse Oximetry/Oxygen	

I/O

Row Name	2355
TOTALS	
Column Intake	15 ml
Column Net	15
24 hour net	15

#### Intra-op Medications

Row Name	2325	2315
INTRA-OP MEDICATIONS		
Intra-op Medication Name	Bupivacaine 0.25% 10mL	Sodium Chloride 0.9% Irrigation 500mL Btl
Medication Dosage	10	--
Unit of Measure	mL	--
Administration Site	surgical site	--
Route of Administration	Local Injection	Irrigation
Administered By	Physician	Physician

#### Phase I Assessment

Row Name	2357	2351	2346	2341	2336
TEMPERATURE					
Temp	--	36.5 °C (97.7 °F)	36.5 °C (97.7 °F)	--	36.1 °C (97 °F)
Temp src	--	Temporal	Temporal	--	Temporal
HEART RATE					
Pulse	--	96	80	90	86
RESPIRATORY					
Resp	--	20	20	20	24
Artificial airway	--	None	None	None	None
Oxygen therapy	--	None	Blowby	Blowby	Blowby
SpO2	--	99 %	100 %	100 %	100 %
PRESSURE					
BP	--	100/53 mmHg	98/53 mmHg	108/54 mmHg	117/63 mmHg
PAIN ASSESSMENT					
Choose/Change a Pain Scale	--	Yes	Yes	Yes	Yes
0-5 PAIN					
Sedation Level	--	Drowsy, but responds to verbal stimuli	Drowsy, easily aroused	Drowsy, easily aroused	Drowsy, easily aroused
Pain Score	--	0	0	0	0
CIRCULATION					
Perfusion	--	--	--	--	Normal
Pulses	--	--	--	--	Normal
Color	--	--	--	--	Pink
Skin temp	--	--	--	--	Warm
ALDRETE SCORE					



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09/21/09 (continued)

Phase I Assessment (continued)					
Row Name	2357	2351	2346	2341	2336
Activity	1	--	--	--	--
Respiration	2	--	--	--	--
Pre-op Systolic B/P	120	--	--	--	--
20% of Preop B/P	144	--	--	--	--
Plus					
20% of Pre-op B/P	96	--	--	--	--
Less					
50% Pre-op B/P Plus	180	--	--	--	--
50% Pre-op B/P	60	--	--	--	--
Less					
Circulation	2	--	--	--	--
Consciousness	1	--	--	--	--
Color	2	--	--	--	--
Aldrete Score	8	--	--	--	--

Pre-Procedure Verification Checklist

Row Name 2250

PRE PROCEDURE VERIFICATION CHECKLIST

RN type Intra-op Nurse  
Patient verified by two Patient name; Date of  
identifiers? (All cases) birth  
Does patient have No.  
any allergies?  
Allergy band on? (if Right upper extremity  
applicable)  
Time patient last ate 1730  
or drank  
NPO violation? Yes  
Time OK to go to OR 2253  
Contact lens, glasses, Yes  
prosthetics, retainers  
removed?

Jewelry removed, Yes  
taped?  
Labs ordered? Resulted  
Blood typed and Yes  
screened?  
Blood component PRBCs  
ordered

Quantity ordered 2

SURGICAL PROCEDURE, PATIENT, AND SURGICAL SITE (IF APPLICABLE) VERIFIED WITH: (ALL CASES)

Surgical schedule Yes  
History & Physical Yes  
completed within last  
30 days

History & Physical Yes  
signed within the last  
30 days

Accurate, completed, Yes  
and signed Procedure  
Consent(s)

Needed blood Yes  
products/implants/dev  
ices/special

equipment/imaging  
studies available,  
properly labeled and  
displayed/tissue or  
organs (All cases with  
above)

Proceduralist marking N/A  
of site with initials

(laterality, multiple  
structures, surfaces,  
specific digit or lesion,  
or multiple levels)

SITE MARKING DISCREPANCY





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09/21/09 (continued)

## Pre-Procedure Verification Checklist (continued)

Row Name 2250

Alternative site N/A

marking utilized - see  
nurses notes

Patient refused site N/A

marking - see nurses  
notes

## TEACHING PLAN OF CARE

Reviewed plan of Yes

care and revised as  
needed?

Orientation to OR Yes

environment:

temperature,

equipment,

surroundings

Intra-operative phase Yes

explained: monitoring,

positioning, safety, IV

Safety precautions Yes

taken related to

patient history or

medication use

## MODE OF TRANSPORT

Mode of transport to Stretcher

OR

## HAND OFF COMMUNICATION

Hand off Received

communication

Education

\*\*None\*\*

## Phase I Assessment

Row Name 2351

2346

2341

2336

## REPORT RECEIVED FROM ANESTHESIOLOGIST

Report Received from --

Anesthesiologist

Significant meds --

given in OR

Anesthesia --

complications --

## RESPIRATORY

Breath sounds --

Respiratory effort --

Artificial airway None

Oxygen therapy None

ROOM AIR

Flow Rate (L/min) --

SpO2 99 %

SpO2 oximeter --

SpO2 Limit, High --

SpO2 Limit, Low --

FiO2 --

## CARDIAC ASSESSMENT

EKG rhythm --

Heart rate limit, High --

Heart Rate Limit, Low --

Peripheral pulses --

Mucous membranes --

Capillary refill (secs) --

## CIRCULATION

Perfusion --

Pulses --

Color --

Phase I Assessment

2341

2336

DR. SAKHAI

FENTANYL 60 MCG,

FLAGYL 300 MG, NS

250ML

EBL &lt; 5ML, URINE

OUTPUT 60ML

NONE

Clear; Equal; Bilateral

Spontaneous; Regular;

Unlabored

None

Blowby

6 liters per minute

100 %

Alarms on and

functioning

100

90

1

Normal sinus

160

70

Present

Pink; Moist

2

Normal

Normal

Pink



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09/21/09 (continued)

Phase I Assessment (continued)

Row Name	2351	2346	2341	2336
Skin temp	--	--	--	Warm
<b>GENITOURINARY/GASTROINTESTINAL</b>				
Abdomen	--	--	--	Soft; Flat
Bowel sounds	--	--	--	Present
Bladder	--	--	--	Nondistended
<b>MUSCULOSKELETAL</b>				
Musculoskeletal (WNL)	--	--	--	WNL
<b>POSITION/COMFORT/SAFETY</b>				
Position/Safety/Comfort	--	--	--	Supine; HOB: Up; Side rails up X 2; ID band on; Sleeping; Patient covered; Warm blanket

ED Nurse Assessments

Row Name 2229  
RX HISTORY VERIFICATION COMPLETE  
Rx History Verified? Yes

Music Therapy

\*\*None\*\*

Child Life

\*\*None\*\*

Drains/Tubes/Wounds

Row Name	2336	2300
<b>URINARY CATHETER</b>		
Urinary Catheter properties	Placement Date: 09/21/09 Placement Time: 2300 Catheter Type: Foley Catheter Size: 10fr Patient Identified by: Name; DOB Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Comfort Measures: Patient in OR under general anesthesia Catheter secured with: Tape Removal Date: 09/21/09 Removal Time: 2330 Patient Identified by: Medical Record Number; Name D/C indications: Therapy complete Foley removed: Foley removed intact; Balloon deflated	
Urine color	--	Yellow
Urine clarity	--	Clear
Catheter secured with	--	Tape
Catheter Care	--	Complete
<b>WOUND SURGICAL INCISION ABDOMEN</b>		
Wound Properties	Date First Noted:: 09/21/09 Time First Noted:: 2336 Wound Type: Incision Wound Location: Abd Detailed Location Description: UMBILICAL AREA AND RLQ AREA	
Closure	Steri-strips --	
Drainage Amount	Scant --	
Drainage Character	Thin --	
Drainage Color	Serosanguinous --	
Drainage Odor	No odor --	
Dressing Status	Dry; Intact --	

IV Assessment

Row Name	2336	2300
<b>PERIPHERAL IV LEFT HAND: DORSAL DIGITAL METACARPAL</b>		
PIV Properties	Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D. Metacarpal Number of Attempts: 1 Patient identified by: Name; DOB; Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation Dressing Secured: Bandaid; Sterile gauze	
Status	Infusing	Infusing
Infiltration Score	0	--
Phlebitis Score	0	--
Dressing Assessment	Dry; Clean; Secure	--

Gen Peds - Safety Checks

Row Name	2336
<b>CARDIAC MONITOR ALARM LIMITS</b>	
Heart rate limit, High	160
Heart Rate Limit, Low	70
SpO2 Limit, High	100
SpO2 Limit, Low	90

MobileMeds Pain

Row Name	2351	2346	2341	2336
<b>MOBILEMEDS VITALS</b>				
Temp	36.5 °C (97.7 °F)	36.5 °C (97.7 °F)	--	36.1 °C (97 °F)
Pulse	96	80	90	86



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09/21/09 (continued)

Row Name		2351	2346	MobileMeds Pain (continued)		2341	2336
Resp		20	20			20	24
BP		100/53 mmHg	98/53 mmHg			108/54 mmHg	117/63 mmHg
SpO2		99 %	100 %			100 %	100 %
Hand Off Communication							
Row Name		2330					
INTRA OPERATIVE HANDOFF / SBAR COMMUNICATION							
Hand Off / SBAR		Given					
Communication							
Communicated With		PACU nurse					
Patient Destination		PACU					
Accompanied By		Anesthesiologist; OR nurse; Resident					
Patient Transported Via		Stretcher					
Patient Condition		Stable; Pulse Oximetry/Oxygen					
Row Name		2351	2346	Treatment/Suction		2341	2336
ASSESSMENT							
Pulse		96	80			90	86
Resp		20	20			20	24
FiO2		--	--			--	1
SpO2		99 %	100 %			100 %	100 %
Row Name		2351	2346	Oxygen/Monitors		2341	2336
OXYGEN THERAPY							
SpO2		99 %	100 %			100 %	100 %
FiO2		--	--			--	1
Flow Rate (L/min)		--	--			--	6 liters per minute
ALARM LIMITS							
Heart rate limit, High		--	--			--	160
Heart Rate Limit, Low		--	--			--	70
SpO2 Limit, High		--	--			--	100
SpO2 Limit, Low		--	--			--	90
Pastoral Care		**None**					
Gen Peds - Assessment							
Row Name		2351	2346	2341		2336	2300
OXYGENATION							
SpO2		99 %	100 %			100 %	--
FiO2		--	--			--	1
Flow Rate (L/min)		--	--			--	6 liters per minute
URINARY CATHETER							
Urinary Catheter properties		Placement Date: 09/21/09 Placement Time: 2300 Catheter Type: Foley Catheter Size: 10fr Patient Identified by: Name; DOB Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Comfort Measures: Patient in OR under general anesthesia Catheter secured with: Tape Removal Date: 09/21/09 Removal Time: 2330 Patient Identified by: Medical Record Number; Name D/C indications: Therapy complete Foley removed: Foley removed intact; Balloon deflated					
Urine color		--	--			--	Yellow
Urine clarity		--	--			--	Clear
Catheter secured with		--	--			--	Tape
Catheter Care		--	--			--	Complete
PERIPHERAL IV LEFT HAND: DORSAL DIGITAL METACARPAL							
PIV Properties		Placement Date: 09/21/09 Placement Time: 2200 Person Inserting Line (if not one documenting): out side hospital Existing Line from: Outside facility Catheter Size: 20 gauge Orientation: Left Location: H-D. Metacarpal Number of Attempts: 1 Patient identified by: Name; DOB; Correct procedure verified. Procedure/Indications explained to: Patient in OR with general anesthesia Medical Immobilization: Patient in OR under general anesthesia Removal Date: 09/22/09 Removal Time: 1537 Indications for Removal: Therapy complete Site Appearance: No signs of irritation/inflammation Dressing Secured: Bandaid; Sterile gauze					
Status		--	--			Infusing	Infusing
Infiltration Score		--	--			0	--
Phlebitis Score		--	--			0	--
Dressing Assessment		--	--			Dry; Clean; Secure	--
WOUND SURGICAL INCISION ABDOMEN							
Wound Properties		Date First Noted:: 09/21/09 Time First Noted:: 2336 Wound Type: Incision Wound Location: Abd Detailed Location Description: UMBILICAL AREA AND RLQ AREA					
Closure		--	--			Steri-strips	--



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09/21/09 (continued)

## Gen Peds - Assessment (continued)

Row Name	2351	2346	2341	2336	2300
Drainage Amount	--	--	--	Scant	--
Drainage Character	--	--	--	Thin	--
Drainage Color	--	--	--	Serosanguinous	--
Drainage Odor	--	--	--	No odor	--
Dressing Status	--	--	--	Dry; Intact	--
MUSCULOSKELETAL					
Musculoskeletal	--	--	--	WNL	--
(WNL)					
PAIN ASSESSMENT					
Choose/Change a	Yes	Yes	Yes	Yes	--
Pain Scale					
0-5 PAIN					
Sedation Level	Drowsy, but responds to verbal stimuli	Drowsy, easily aroused	Drowsy, easily aroused	Drowsy, easily aroused	--
Pain Score	0	0	0	0	--
			Daily Cares **None** I/O		

Row Name	2355	2336
ARRIVAL FLUIDS		
Arrival Fluid #1	--	NS
Arrival Fluid #1	15 mL	--
Volume (mL)		
DEX 5%-NACL 0.45%-KCL 20 MEQ/L INFUSION		
Rate	70 mL/hr	--
Line	Peripheral IV Left Hand: Dorsal Digital Metacarpal	--

## TOTALS

Column Intake	15 ml	--
Column Net	15	--
24 hour net	15	--

Row Name	2351	2346	Vitals 2341	2336
TEMPERATURE				
Temp	36.5 °C (97.7 °F)	36.5 °C (97.7 °F)	--	36.1 °C (97 °F)
HEART RATE				
Pulse	96	80	90	86
RESPIRATORY RATE				
Resp	20	20	20	24
BLOOD PRESSURE				
BP	100/53 mmHg	98/53 mmHg	108/54 mmHg	117/63 mmHg
OXYGENATION				
SpO2	99 %	100 %	100 %	100 %
FiO2	--	--	--	1
Flow Rate (L/min)	--	--	--	6 liters per minute
PAIN ASSESSMENT				
Choose/Change a	Yes	Yes	Yes	Yes
Pain Scale				
0-5 PAIN				
Sedation Level	Drowsy, but responds to verbal stimuli	Drowsy, easily aroused	Drowsy, easily aroused	Drowsy, easily aroused
Pain Score	0	0	0	0

## Multi-Disciplinary Problems (Resolved)

## Problem: CARDIOVASCULAR - ALTERATION IN HYDRATION STATUS

Dates:	Start: 09/22/09	Resolved: 09/22/09
Description:	Not On File	
Goal:	Patient will return to or improve hydration status prior to discharge. (Resolved)	
Dates:	Start: 09/22/09	Expected End: 09/25/09 End: 09/22/09
Priority:	Not On File	



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

### Multi-Disciplinary Problems (Resolved) (continued)

#### Problem: CARDIOVASCULAR - ALTERATION IN HYDRATION STATUS (continued)

Description: D5 1/2 NSW/20K  
Record I/O q 4 hours and prn  
Clear liquids

Disciplines: Multidisciplinary

Intervention: 1. ASSESS, DOCUMENT AND REPORT TO PROVIDERS STATUS OF MUCOUS MEMBRANES.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

2. ASSESS, DOCUMENT AND REPORT TO PROVIDERS SKIN TURGOR AND TEXTURE.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

3. EDUCATE ON AND RECORD INTAKE AND OUTPUT.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

4. MONITOR AND RECORD VITAL SIGNS AS ORDERED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

5. EDUCATE ON AND ENCOURAGE FLUID AS ORDERED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

6. EDUCATE ON AND PROVIDE DIET AS ORDERED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

7. EDUCATE ON AND ADMINISTER IV FLUIDS AS INDICATED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

8. MONITOR AND RECORD ANY ALTERATION IN HYDRATION.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

Variances: Not On File

#### Problem: CARDIOVASCULAR - HEMODYNAMIC INSTABILITY

Dates: Start: 09/22/09 Resolved: 09/22/09

Description: Not On File

Goal: Patient will regain and/or maintain hemodynamic stability prior to discharge. (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09

Priority: Not On File

Description: Vs q 4 hours and prn  
CAM/POX

Disciplines: Multidisciplinary

Intervention: 1. ASSESS, DOCUMENT AND REPORT INDICATORS OF CURRENT HEMODYNAMIC STATUS.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

2. ASSESS, DOCUMENT AND REPORT ALTERATIONS IN HEMODYNAMIC STATUS.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

3. CARDIAC MONITOR AS ORDERED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File



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## Multi-Disciplinary Problems (Resolved) (continued)

### Problem: CARDIOVASCULAR - HEMODYNAMIC INSTABILITY (continued)

Variances: Not On File

### Problem: DISCHARGE NEEDS

Dates: Start: 09/22/09 Resolved: 09/22/09

Description: Not On File

Goal: Patient will have home health, hospice and/or discharge needs met prior to discharge. (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09

Priority: Not On File

Description: Review d/c orders and f/u appointments prior to discharge

Disciplines: Multidisciplinary

Intervention: 1. ASSESS, DOCUMENT AND REPORT TO PROVIDER PATIENT/ FAMILY HOME HEALTH, HOSPICE, AND DISCHARGE NEEDS.

Start: 09/22/09 End: 09/22/09

Description: Not On File

2. EDUCATE ON AND MAKE FOLLOW-UP APPOINTMENTS AS INDICATED.

Start: 09/22/09 End: 09/22/09

Description: Not On File

3. MAKE APPROPRIATE INPATIENT/ COMMUNITY REFERRALS/ CONSULTS.

Start: 09/22/09 End: 09/22/09

Description: Not On File

Variances: Not On File

### Problem: INFECTION CONTROL - ISOLATION PRECAUTIONS

Dates: Start: 09/22/09 Resolved: 09/22/09

Description: Not On File

Goal: Patient/ family will comply with infection control practices as indicated (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09

Priority: Not On File

Description: Standard precautions  
Proper hand hygiene

Disciplines: Multidisciplinary

Intervention: 1. EDUCATE ON AND DEMONSTRATE PROPER HAND WASHING TECHNIQUES.

Start: 09/22/09 End: 09/22/09

Description: Not On File

2. EDUCATE ON AND DEMONSTRATE PROPER DISPOSAL OF INFECTIOUS MATERIALS.

Start: 09/22/09 End: 09/22/09

Description: Not On File

3. EDUCATE ON IMPORTANCE OF PATIENT'S EXPOSURE TO ILL/ POTENTIALLY INFECTIOUS FAMILY MEMBERS.

Start: 09/22/09 End: 09/22/09

Description: Not On File

Variances: Not On File

### Problem: INTEGUMENTARY-ALTERED TISSUE INTEGRITY

Dates: Start: 09/22/09 Resolved: 09/22/09

Description: Not On File

Goal: INCISION / WOUND WILL IMPROVE/ RESOLVE PRIOR TO DISCHARGE. (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09

Priority: Not On File

Description: Assess wound/surgical site q 4 hours and prn





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## Multi-Disciplinary Problems (Resolved) (continued)

### Problem: INTEGUMENTARY-ALTERED TISSUE INTEGRITY (continued)

Disciplines: Multidisciplinary  
Intervention: 1. ASSESS AND DOCUMENT INCISION, WOUND, DRAIN STATUS AND CARE AS INDICATED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

2. NOTIFY PROVIDER OF CHANGES IN INCISION, WOUND, AND/OR DRAIN STATUS.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

3. EDUCATE ON AND KEEP SKIN CLEAN, DRY, AND INTACT.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

4. EDUCATE ON AND MAINTAIN ADEQUATE NUTRITION, HYDRATION, AND CIRCULATION.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

Variances: Not On File

### Problem: ORIENTATION

Dates: Start: 09/22/09 Resolved: 09/22/09  
Description: Not On File  
Goal: PATIENT / FAMILY WILL VERBALIZE UNDERSTANDING OF ADMISSION. (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09  
Priority: Not On File  
Description: Review admission orders  
Orient to room, floor  
Review medical POC

Disciplines: Multidisciplinary  
Intervention: 1. ORIENT TO HOSPITAL FACILITY, SERVICES, AND STAFF/ ROLES.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

Variances: Not On File

Goal: PATIENT / FAMILY WILL VERBALIZE / DEMONSTRATE COMPLIANCE WITH MEDICAL PLAN OF CARE.  
(Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09  
Priority: Not On File  
Description: Review POC q shift and with changes in orders

Disciplines: Multidisciplinary  
Intervention: 1. ASSESS, DOCUMENT AND REPORT TO PROVIDER FACTORS THAT AFFECT COMPLIANCE WITH MEDICAL PLAN OF CARE.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

2. EDUCATE ON AND IMPLEMENT STRATEGIES THAT IMPROVE COMPLIAN.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

3. RE-EVALUATE EFFECTIVENESS OF EDUCATION AND INTERVENTIONS AND ADJUST AS INDICATED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File

4. EDUCATE ON AND PROVIDE DEVELOPMENTALLY APPROPRIATE EMOTIONAL SUPPORT..  
Start: 09/22/09 End: 09/22/09  
Description: Not On File



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## Multi-Disciplinary Problems (Resolved) (continued)

### Problem: ORIENTATION (continued)

5. EDUCATE ON AND PROVIDE DEVELOPMENTALLY APPROPRIATE SPIRITUAL SUPPORT.

Start: 09/22/09 End: 09/22/09

Description: Not On File

6. EDUCATE ON AND PROVIDE DEVELOPMENTALLY APPROPRIATE PSYCHOSOCIAL/MENTAL SUPPORT.

Start: 09/22/09 End: 09/22/09

Description: Not On File

Variances: Not On File

Goal: PATIENT / FAMILY WILL VERBALIZE / DEMONSTRATE COMPLIANCE WITH & COLLABORATION IN MULTIDISCIPLINARY PLAN OF CARE (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09

Priority: Not On File

Description: Review IPOC with family and medical team q day and with changes

Disciplines: Multidisciplinary

Intervention: 1. EDUCATE ON AND ESTABLISH CARE PLAN FOR PATIENT/ FAMILY.

Start: 09/22/09 End: 09/22/09

Description: Not On File

2. EDUCATE ON AND ESTABLISH EDUCATION PLAN FOR PATIENT/ FAMI.

Start: 09/22/09 End: 09/22/09

Description: Not On File

Variances: Not On File

### Problem: PAIN-ALTERATION IN COMFORT-ACUTE/CHRONIC

Dates: Start: 09/22/09 Resolved: 09/22/09

Description: Not On File

Goal: Patient will have adequate pain control and/ or be free from pain prior to discharge. (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09

Priority: Not On File

Description: Morphine as needed  
Tylenol as needed

Disciplines: Multidisciplinary

Intervention: 1. ASSESS, DOCUMENT AND REPORT TO PROVIDER PATIENT/ CAREGIVER COMPLAINT OF PAIN.

Start: 09/22/09 End: 09/22/09

Description: Not On File

2. ASSESS, DOCUMENT AND REPORT TO PROVIDER EFFECTIVENESS OF PAIN RELIEF MEASURES.

Start: 09/22/09 End: 09/22/09

Description: Not On File

3. ASSESS, DOCUMENT AND REPORT TO PROVIDER PATIENT/ CAREGIVER VERBALIZATION OF ADEQUATE PAIN CONTROL.

Start: 09/22/09 End: 09/22/09

Description: Not On File

4. ASSESS PAIN USING DEVELOPMENTALLY AND MEDICALLY APPROPRIATE PAIN SCALE.

Start: 09/22/09 End: 09/22/09

Description: Not On File

5. EDUCATE ON AND ADMINISTER ANALGESIC, ANESTHETICS, OPIOIDS/SEDATIVES AS ORDERED BY PROVIDER.





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### Multi-Disciplinary Problems (Resolved) (continued)

#### Problem: PAIN-ALTERATION IN COMFORT-ACUTE/CHRONIC (continued)

Start: 09/22/09 End: 09/22/09  
Description: Not On File

#### 6. ENCOURAGE PATIENT/ CAREGIVER TO VERBALIZE COMPLAINTS OF PAIN.

Start: 09/22/09 End: 09/22/09  
Description: Not On File

#### 7. EDUCATE ON AND IMPLEMENT NON-PHARMACOLOGICAL PAIN RELIEF.

Start: 09/22/09 End: 09/22/09  
Description: Not On File

Variances: Not On File

#### Problem: PSYCHOSOCIAL-ACTUAL/ POTENTIAL INEFFECTIVE COPING-PATIENT

Dates: Start: 09/22/09 Resolved: 09/22/09  
Description: Not On File

Goal: Patient will improve, maintain, and/or demonstrate effective coping prior to discharge. (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09  
Priority: Not On File

Description: Social work consult for trauma; child life consult

Disciplines: Multidisciplinary

Intervention: 1. ASSESS, DOCUMENT AND REPORT TO PROVIDER ANY SIGNS AND SYMPTOMS OF INEFFECTIVE COPING.

Start: 09/22/09 End: 09/22/09  
Description: Not On File

#### 2. MAKE APPROPRIATE INPATIENT/ COMMUNITY REFERRALS/ CONSULTS.

Start: 09/22/09 End: 09/22/09  
Description: Not On File

#### 3. ENCOURAGE VERBALIZATION AND EXPRESSION OF FEELINGS.

Start: 09/22/09 End: 09/22/09  
Description: Not On File

#### 4. KEEP PATIENT/ FAMILY INFORMED OF PROCEDURES, TESTS, AND PLANS.

Start: 09/22/09 End: 09/22/09  
Description: Not On File

#### 5. LISTEN ATTENTIVELY.

Start: 09/22/09 End: 09/22/09  
Description: Not On File

#### 6. ALLOW TO VISIT AS OFTEN AS POSSIBLE.

Start: 09/22/09 End: 09/22/09  
Description: Not On File

Variances: Not On File

#### Problem: PSYCHOSOCIAL-ACTUAL/POTENTIAL INEFFECTIVE COPING-FAMILY

Dates: Start: 09/22/09 Resolved: 09/22/09  
Description: Not On File

Goal: Family will improve, maintain, and/or demonstrate effective coping prior to discharge. (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09

Priority: Not On File

Description: Social work consult for trauma; child life consult

Disciplines: Multidisciplinary

Intervention: 1. ASSESS, DOCUMENT, AND REPORT TO PROVIDER ANY SIGNS AND SYMPTOMS OF INEFFECTIVE COPING.

Start: 09/22/09 End: 09/22/09



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Adm: 09/21/2009, D/C: 09/22/2009

## Multi-Disciplinary Problems (Resolved) (continued)

### Problem: PSYCHOSOCIAL-ACTUAL/POTENTIAL INEFFECTIVE COPING-FAMILY (continued)

Description: Not On File

#### 2. MAKE APPROPRIATE INPATIENT/ COMMUNITY REFERRALS/ CONSULTS.

Start: 09/22/09 End: 09/22/09

Description: Not On File

#### 3. KEEP PATIENT/ FAMILY INFORMED OF PROCEDURES, TESTS, AND PLANS.

Start: 09/22/09 End: 09/22/09

Description: Not On File

#### 4. LISTEN ATTENTIVELY.

Start: 09/22/09 End: 09/22/09

Description: Not On File

Variances: Not On File

### Problem: RESPIRATORY-INADEQUATE VENTILATION

Dates: Start: 09/22/09 Resolved: 09/22/09

Description: Not On File

Goal: Patient will improve and/or maintain adequate ventilation while hospitalized. (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09

Priority: Not On File

Description: Not On File

Disciplines: Multidisciplinary

Intervention: 1. ASSESS, DOCUMENT AND REPORT TO PROVIDER IN ALTERATION IN VENTILATION.

Start: 09/22/09 End: 09/22/09

Description: Not On File

#### 2. ASSESS, DOCUMENT AND REPORT TO PROVIDER IN INCREASED NEED FOR VENTILATORY SUPPORT.

Start: 09/22/09 End: 09/22/09

Description: Not On File

#### 3. INCENTIVE SPIROMETRY/ BUBBLES AS ORDERED.

Start: 09/22/09 End: 09/22/09

Description: Not On File

#### 4. EDUCATE ON AND ASSIST PATIENT TO TURN, COUGH, AND DEEP BREATH FREQUENTLY.

Start: 09/22/09 End: 09/22/09

Description: Not On File

#### 5. RE-EVALUATE EFFECTIVENESS OF EDUCATION AND INTERVENTIONS AND ADJUST AS INDICATED.

Start: 09/22/09 End: 09/22/09

Description: Not On File

Variances: Not On File

### Problem: SAFETY-ACTUAL/ POTENTIAL RISK FOR FALLS

Dates: Start: 09/22/09 Resolved: 09/22/09

Description: Not On File

Goal: Patient will be free from falls and injury related to falls while hospitalized. (Resolved)

Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09

Priority: Not On File

Description: Bed locked in low position

Side rails up x 2

Non skid footwear while ambulating

Disciplines: Multidisciplinary



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DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

### Multi-Disciplinary Problems (Resolved) (continued)

#### Problem: SAFETY-ACTUAL/ POTENTIAL RISK FOR FALLS (continued)

- Intervention:
1. ASSESS, DOCUMENT, AND REPORT TO PROVIDER AS INDICATED RISK FOR FALLS USING THE FALL RISK SCREEN AND/OR ASSESSMENT TOOLS. TALIZATIONS.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File
  2. EDUCATE ON AND IMPLEMENT INDIVIDUALIZED GENERAL AND/OR HIGH RISK INJURY PREVENTION STRATEGIES AS INDICATED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File
  3. RE-EVALUATE EFFECTIVENESS OF EDUCATION AND INTERVENTIONS AND ADJUST AS INDICATED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File
  4. NOTIFY PROVIDER OF FALLS DURING CURRENT HOSPITAL ENCOUNTER.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File
- Variances: Not On File

#### Problem: VENOUS/ ARTERIAL ACCESS

- Dates: Start: 09/22/09 Resolved: 09/22/09  
Description: Not On File  
Goal: Patient's venous/ arterial access will remain free from signs and symptoms of infiltration/ extravasation. (Resolved)
- Dates: Start: 09/22/09 Expected End: 09/25/09 End: 09/22/09  
Priority: Not On File  
Description: L hand PIV with IVF  
Disciplines: Multidisciplinary  
Intervention:
1. ASSESS, DOCUMENT AND REPORT TO PROVIDER ANY SIGNS AND SYMPTOMS OF INFILTRATION/ EXTRAVASATION.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File
  2. EDUCATE PATIENT/ FAMILY ON SIGNS AND SYMPTOMS OF INFILTRATION/ EXTRAVASATION.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File
  3. ASSESS ACCESS SITES HOURLY AND AS INDICATED.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File
  4. EDUCATE ON AND IMPLEMENT STRATEGIES THAT REDUCE/ ELIMINATE RISK OF INFILTRATION/ EXTRAVASATION.  
Start: 09/22/09 End: 09/22/09  
Description: Not On File
- Variances: Not On File

**Jerret Armstead**  
9/21/2009 10:11 PM Surgery

Department: **Dal Periop Or Main**  
Encounter #: **61732462**

Description: **9 year old male**  
Provider: **Joseph T. Murphy, MD**

### acesheet

#### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
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Printed on 01/06/2010 10:23 AM



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1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Surg. Date: 9/21/09

## Facesheet (continued)

### Patient Demographics (continued)

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)
Address	Phone	EMail	Employer	
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)			
Reg Status	PCP			
Verified				
Emergency Contact 1	Emergency Contact 2			
Armstead, Amanda (Aunt)				
2426 moffatt ave				
DALLAS, TX 75216				
US				
972-480-2566 (H)				
Alias				

### Encounter Information

Date & Time	Provider	Department	Center
9/21/2009 10:11 PM	Joseph T. Murphy, MD	Dal Periop Or Main	DALLAS

### Allergies as of 9/21/2009

No Known Allergies

### All Immunizations as of 9/21/2009

No immunizations on file.

## Medications

### Medication Comments

\*\* No Medication Comments Found \*\*

### Medications at Start of Encounter

	Disp	Refills	Start	End
acetaminophen (TYLENOL) 325 mg tablet (Discontinued)	0	0	9/22/2009	10/19/2009
Sig - Route: Take 1 Tab by mouth every 4 hours as needed for Pain. - ORAL				
Class: OTC				
Reason for Discontinue: Therapy completed				
ibuprofen (MOTRIN) 20 mg/mL suspension (Discontinued)	0	0	9/22/2009	10/19/2009
Sig - Route: Take 15 mL by mouth every 6 hours as needed. - ORAL				



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MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Surg. Date: 9/21/09

## Medications (continued)

### Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Class: OTC				
Reason for Discontinue: <b>Therapy completed</b>				

### Meds Comments as of 9/21/2009

\*\* No Medication Comments Found \*\*

### Instructions

None

### Problem List

Problem	Noted	Resolved	Priority	Class
<b>Stab Wound of the Abdomen [879.2J]</b>	9/22/2009 by Kathleen Frances Corcoran	No		

## Jerret Armstead

9/22/2009 10:21 AM History

Department: **Dal Periop Or Main**

Encounter #: **61734443**

Description: **9 year old male**

Provider: **Joseph T. Murphy, MD**

### Facesheet

#### Patient Demographics

Name Armstead, Jerret	Patient ID 1082807	SSN xxx-xx-1763	Sex Male	Birthdate 06/02/00 (9 yrs)
Address 2426 moffatt ave DALLAS, TX 75216	Phone 972-480-2566 (H)	Email	Employer	
Reg Status Verified	PCP			
Emergency Contact 1 Armstead, Amanda (Aunt) 2426 moffatt ave DALLAS, TX 75216 US 972-480-2566 (H)	Emergency Contact 2			
Alias				

### Encounter Information

Date & Time	Provider	Department	Center
9/22/2009 10:21 AM	Joseph T. Murphy, MD	Dal Periop Or Main	DALLAS



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Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 9/22/09

## Facesheet (continued)

### Allergies as of 9/22/2009

No Known Allergies

### All Immunizations as of 9/22/2009

Name	Date	Dose	VIS Date	Route
<b>DTAP</b>	9/22/09 04:27 PM (9 y.o.)	0.5 mL	7/30/01	Intramuscular

Site: Left arm

Given By: Jenny M Pawlewicz

Documented By: Jenny M Pawlewicz

Manufacturer: GlaxoSmithKline

Lot: ac14b066aa

## Medications

### Medication Comments

\*\* No Medication Comments Found \*\*

### Medications at Start of Encounter

	Disp	Refills	Start	End
<b>acetaminophen (TYLENOL) 325 mg tablet</b> (Discontinued)	0	0	9/22/2009	10/19/2009

Sig - Route: Take 1 Tab by mouth every 4 hours as needed for Pain. - ORAL

Class: OTC

Reason for Discontinue: **Therapy completed**

<b>ibuprofen (MOTRIN) 20 mg/mL suspension</b> (Discontinued)	0	0	9/22/2009	10/19/2009
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Sig - Route: Take 15 mL by mouth every 6 hours as needed. - ORAL

Class: OTC

Reason for Discontinue: **Therapy completed**

### Inpatient Medications at Start of Encounter 9/22/2009

	Dose	Frequency	Start	End
<b>sodium chloride 0.9% 0.9 % flush</b>			9/21/2009	9/22/2009

Comment: Created by cabinet override pull

<b>etomidate 2 mg/mL injection</b>			9/21/2009	9/22/2009
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Comment: Created by cabinet override pull

<b>rocuronium 10 mg/mL injection</b>			9/21/2009	9/22/2009
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Comment: Created by cabinet override pull

<b>Diph,Pertus(Acel),Tetanus Pedi (INFANRIX-DTaP) injection 0.5 mL</b>	0.5 mL	ONCE	9/22/2009	9/22/2009
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Route: INTRAMUSCULAR

<b>dex 5%-nacl 0.45%-kcl 20 mEq/L infusion</b> (Discontinued)		CONTINUOUS	9/22/2009	9/22/2009
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Route: INTRAVENOUS

<b>dex 5%-nacl 0.45%-kcl 20 mEq/L infusion</b> (Discontinued)		CONTINUOUS	9/22/2009	9/22/2009
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Enc. Date: 9/22/09

## Medications (continued)

### Inpatient Medications at Start of Encounter 9/22/2009 (continued)

	Dose	Frequency	Start	End
Route: INTRAVENOUS Reason for Discontinue: <b>Discontinued by another clinician</b>				
<b>morphine (pf) 1 mg/mL injection 2 mg</b> (Discontinued) Route: INTRAVENOUS Reason for Discontinue: <b>Patient Discharge</b>	2 mg	EVERY 2 HOURS PRN	9/22/2009	9/22/2009
<b>acetaminophen tablet 325 mg</b> (Discontinued) Route: ORAL Reason for Discontinue: <b>Patient Discharge</b>	300 mg	EVERY 6 HOURS PRN	9/22/2009	9/22/2009
<b>sodium chloride 0.9% flush 1-20 mL</b> (Discontinued) Route: INTRAVENOUS Reason for Discontinue: <b>Patient Discharge</b>	1-20 mL	PRN	9/22/2009	9/22/2009
<b>heparin 10 unit/mL flush 10-50 Units</b> (Discontinued) Route: INTRAVENOUS Reason for Discontinue: <b>Patient Discharge</b>	10-50 Units	PRN	9/22/2009	9/22/2009
<b>lidocaine-prilocaine (EMLA) cream</b> (Discontinued) Route: TOPICAL Reason for Discontinue: <b>Patient Discharge</b>		PRN	9/22/2009	9/22/2009
<b>lidocaine-tetracaine (SYNERA) patch 1 Patch</b> (Discontinued) Route: TOPICAL Reason for Discontinue: <b>Patient Discharge</b>	1 Patch	PRN	9/22/2009	9/22/2009
<b>lidocaine 1% BUFFERED (J-TIP LIDOCAINE) injection</b> (Discontinued) Route: INTRADERMAL Reason for Discontinue: <b>Patient Discharge</b>		PRN	9/22/2009	9/22/2009
<b>sodium chloride-pres free 0.9 % injection 1-30 mL</b> (Discontinued) Route: INTRAVENOUS Reason for Discontinue: <b>Patient Discharge</b>	1-30 mL	PRN	9/22/2009	9/22/2009
<b>ampicillin-sulbactam RTA inf 1,600 mg</b> (Discontinued) Route: INTRAVENOUS	1,500 mg	ONCE	9/21/2009	9/22/2009
<b>metronidazole RTA infusion 300 mg</b> (Discontinued) Route: INTRAVENOUS	300 mg	ONCE	9/21/2009	9/22/2009

### Meds Comments as of 9/22/2009

\*\* No Medication Comments Found \*\*

### Instructions

None





DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 9/22/09

### Problem List

Problem	Noted	Resolved	Priority	Class
Stab Wound of the Abdomen [879.2J]	9/22/2009 by Kathleen Frances Corcoran	No		

**Jerret Armstead**  
10/19/2009 8:40 AM History

Department: **Dal General Surgery**  
Encounter #: **61865102**

Description: **9 year old male**  
Provider: **Joseph T. Murphy, MD**

### Facesheet

#### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)

Address	Phone	Email	Employer
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)		

Reg Status	PCP
Verified	Tamika L. Perry, DO214-374-0827

Emergency Contact 1	Emergency Contact 2
Armstead, Amanda (Aunt) 2426 moffatt ave DALLAS, TX 75216 US 972-480-2566 (H)	

Alias

#### Encounter Information

Date & Time	Provider	Department	Center
10/19/2009 8:40 AM	Joseph T. Murphy, MD	Dal General Surgery	DALLAS

#### Allergies as of 10/19/2009

No Known Allergies

#### All Immunizations as of 10/19/2009

Name	Date	Dose	VIS Date	Route
DTAP	9/22/09 04:27 PM (9 y.o.)	0.5 mL	7/30/01	Intramuscular

Site: Left arm  
Given By: Jenny M Pawlewicz  
Documented By: Jenny M Pawlewicz  
Manufacturer: GlaxoSmithKline  
Lot: ac14b066aa





DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

## Facesheet (continued)

### Medications

#### Medication Comments

\*\* No Medication Comments Found \*\*

#### Medications at Start of Encounter

	Disp	Refills	Start	End
<b>AMPHET ASP/AMPHET/D-AMPHET (ADDERALL XR PO)</b> Sig - Route: Take 1 Tab by mouth 1 time daily on 1 day per week. - ORAL Class: Historical Med				
<b>acetaminophen (TYLENOL) 325 mg tablet</b> (Discontinued) Sig - Route: Take 1 Tab by mouth every 4 hours as needed for Pain. - ORAL Class: OTC Reason for Discontinue: <b>Therapy completed</b>	0	0	9/22/2009	10/19/2009
<b>ibuprofen (MOTRIN) 20 mg/mL suspension</b> (Discontinued) Sig - Route: Take 15 mL by mouth every 6 hours as needed. - ORAL Class: OTC Reason for Discontinue: <b>Therapy completed</b>	0	0	9/22/2009	10/19/2009

#### Meds Comments as of 10/19/2009

\*\* No Medication Comments Found \*\*

### Instructions

None

### Problem List

Problem	Noted	Resolved	Priority	Class
<b>Stab Wound of the Abdomen [879.2J]</b>	9/22/2009 by Kathleen Frances Corcoran	No		

**Jerret Armstead**

10/19/2009 8:30 AM Office Visit

Department: **Dal General Surgery**

Encounter #: **61733543**

Description: **9 year old male**

Provider: **Joseph T. Murphy, MD**

## Facesheet

### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)
Address	Phone	EMail	Employer	
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)			



DALLAS  
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Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

**Facesheet (continued)**

Address	Phone	Email	Employer
Reg Status	PCP		
Verified	Tamika L. Perry, DO214-374-0827		
Emergency Contact 1	Emergency Contact 2		
Armstead, Amanda (Aunt)			
2426 moffatt ave			
DALLAS, TX 75216			
US			
972-480-2566 (H)			
Alias			

**Private Encounter**

Private Encounter  
No [2]

**Reason for Visit****Surgical Follow-up**

9 y/o male. PO diagnostic laparoscopy 9/21/09. Per grandmother pt had diarrhea and vomiting a week ago. Pt complained of feeling dizzy and pain on the sides of his stomach. No fevers

**Encounter Information**

Date & Time	Provider	Department	Center
10/19/2009 8:30 AM	Joseph T. Murphy, MD	Dal General Surgery	DALLAS

**Allergies as of 10/19/2009**

No Known Allergies

**All Immunizations as of 10/19/2009**

Name	Date	Dose	VIS Date	Route
DTAP	9/22/09 04:27 PM (9 y.o.)	0.5 mL	7/30/01	Intramuscular

Site: Left arm  
Given By: Jenny M Pawlewicz  
Documented By: Jenny M Pawlewicz  
Manufacturer: GlaxoSmithKline  
Lot: ac14b066aa

**Progress Notes**

Joseph T. Murphy, MD 10/19/09 08:49 AM Signed  
S/p diagnostic laparoscopy following RLQ stab wound.



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

## Facesheet (continued)

### Progress Notes (continued)

No pathology found at that time.  
Now doing well  
Tolerating PO / normal bowel habits  
Active without c/o  
ABD benign  
Wounds clean and dry  
D/C home  
RTC prn

Transcription Edi 10/24/09 02:49 PM Signed

Transcription Edi 10/26/09 02:08 PM Signed

## Medications

### Medications the Patient Reported Taking

AMPHET ASP/AMPHET/D-AMPHET  
(ADDERALL XR PO) (Taking)

Dosage  
Take 1 Tab by mouth 1 time daily on 1 day per week.

### Medication Comments

\*\* No Medication Comments Found \*\*

### Medications at Start of Encounter

	Disp	Refills	Start	End
acetaminophen (TYLENOL) 325 mg tablet	0	0	9/22/2009	
Sig - Route: Take 1 Tab by mouth every 4 hours as needed for Pain. - ORAL				
Class: OTC				
ibuprofen (MOTRIN) 20 mg/mL suspension	0	0	9/22/2009	
Sig - Route: Take 15 mL by mouth every 6 hours as needed. - ORAL				
Class: OTC				

### Meds Comments as of 10/19/2009

\*\* No Medication Comments Found \*\*

### Discontinued Medications

acetaminophen (TYLENOL) 325 mg tablet	Therapy completed
ibuprofen (MOTRIN) 20 mg/mL suspension	Therapy completed

### Instructions



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

#### Instructions (continued)

None

#### Problem List

Problem	Noted	Resolved	Priority	Class
Stab Wound of the Abdomen [879.2J]	9/22/2009 by Kathleen Frances Corcoran	No		

#### Jerret Armstead

10/19/2009 8:16 AM PCP/Clinic Change

Description: 9 year old male

Department:

Encounter #: 61864968

#### Facesheet

##### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)

Address	Phone	Email	Employer
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)		

Reg Status	PCP
ELAPSED	Tamika L. Perry, DO214-374-0827

Emergency Contact 1	Emergency Contact 2
Armstead, Amanda (Aunt) 2426 moffatt ave DALLAS, TX 75216 US 972-480-2566 (H)	

Alias

#### Encounter Information

Date & Time	Department	Center
10/19/2009 8:16 AM		None

#### Allergies as of 1/6/2010

No Known Allergies

#### All Immunizations as of 1/6/2010

Name	Date	Dose	VIS Date	Route
DTAP	9/22/09 04:27 PM (9 y.o.)	0.5 mL	7/30/01	Intramuscular

Site: Left arm

Given By: Jenny M Pawlewicz



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

## Facesheet (continued)

### All Immunizations as of 1/6/2010 (continued)

Name	Date	Dose	VIS Date	Route
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Documented By: Jenny M Pawlewicz  
Manufacturer: GlaxoSmithKline  
Lot: ac14b066aa

## Medications

### Medication Comments

\*\* No Medication Comments Found \*\*

### Medications at Start of Encounter

	Disp	Refills	Start	End
<b>AMPHET ASP/AMPHET/D-AMPHET (ADDERALL XR PO)</b> Sig - Route: Take 1 Tab by mouth 1 time daily on 1 day per week. - ORAL Class: Historical Med				
<b>acetaminophen (TYLENOL) 325 mg tablet (Discontinued)</b> Sig - Route: Take 1 Tab by mouth every 4 hours as needed for Pain. - ORAL Class: OTC Reason for Discontinue: <b>Therapy completed</b>	0	0	9/22/2009	10/19/2009
<b>ibuprofen (MOTRIN) 20 mg/mL suspension (Discontinued)</b> Sig - Route: Take 15 mL by mouth every 6 hours as needed. - ORAL Class: OTC Reason for Discontinue: <b>Therapy completed</b>	0	0	9/22/2009	10/19/2009

### Meds Comments as of 10/19/2009

\*\* No Medication Comments Found \*\*

## Instructions

None

## Problem List

Problem	Noted	Resolved	Priority	Class
<b>Stab Wound of the Abdomen [879.2J]</b>	9/22/2009 by Kathleen Frances Corcoran	No		

## Jerret Armstead

9/21/2009 10:02 PM Hospital Encounter

Description: **9 year old male**

Department: **Dal C4**

Encounter #: **61732439**

## Facesheet



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

## Facesheet (continued)

### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)

Address	Phone	Email	Employer
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)		

Reg Status	PCP
Verified	

Emergency Contact 1	Emergency Contact 2
Armstead, Amanda (Aunt) 2426 moffatt ave DALLAS, TX 75216 US 972-480-2566 (H)	

Alias

### Private Encounter

Private Encounter  
Yes [1]

## Encounter Information

### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	10:02 PM	Admit Date/Time:	09/21/2009 10:16 PM	IP Adm. Date/Time:	09/22/2009 12:26 AM
Admission Type:	Emergency	Admission Source:	Emergency Room	Admit Category:	Main Ed
Means of Arrival:	Dallas Fire Rescue Ems	Primary Service:	Trauma	Secondary Service:	None
Transfer Source:	None	Service Area:	Children's Medical Center	Unit:	Dal C4
Admit Provider:	Joseph T. Murphy, MD	Attending Provider:	Joseph T. Murphy, MD	Referring Provider:	None

### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/22/2009 4:30 PM	Home Or Self Care	1 Home	Joseph T. Murphy, MD	Dal C4

### Reason for Admission

Stab Wound of the Abdomen [879.2J]

**Jerret Armstead**

Department: **Dal Periop Or Main**

Description: **9 year old male**

Printed on 01/06/2010 10:23 AM



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

### Encounter Information (continued)

9/21/2009 10:11 PM Surgery

Encounter #: 61732462

Provider: Joseph T. Murphy, MD

### Facesheet

#### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)
Address		Phone	EMail	Employer
2426 moffatt ave DALLAS, TX 75216		972-480-2566 (H)		
Reg Status	PCP			
Verified				
Emergency Contact 1		Emergency Contact 2		
Armstead, Amanda (Aunt)				
2426 moffatt ave				
DALLAS, TX 75216				
US				
972-480-2566 (H)				

Alias

### Encounter Information

#### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	Admit Date/Time:	IP Adm. Date/Time:
Admission Type:	Admission Source:	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:
Transfer Source:	Service Area:	Unit:
Admit Provider:	Attending Provider:	Referring Provider:

#### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
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### Reason for Admission

None.

**Jerret Armstead**

Department: Dal Periop Or Main

Description: 9 year old male

9/22/2009 10:21 AM History

Encounter #: 61734443

Provider: Joseph T. Murphy, MD

### Facesheet

Printed on 01/06/2010 10:23 AM





DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 9/22/09

## Facesheet (continued)

### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)

Address	Phone	E-Mail	Employer
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)		

Reg Status	PCP
Verified	

Emergency Contact 1	Emergency Contact 2
Armstead, Amanda (Aunt) 2426 moffatt ave DALLAS, TX 75216 US 972-480-2566 (H)	

Alias

## Encounter Information

### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	Admit Date/Time:	IP Adm. Date/Time:
Admission Type:	Admission Source:	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:
Transfer Source:	Service Area:	Unit:
Admit Provider:	Attending Provider:	Referring Provider:

### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit

### Reason for Admission

None.

## Jerret Armstead

10/19/2009 8:40 AM History

Department: **Dal General Surgery**

Encounter #: **61865102**

Description: **9 year old male**

Provider: **Joseph T. Murphy, MD**

## Facesheet

### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

## Facesheet (continued)

### Patient Demographics (continued)

Name	Patient ID	SSN	Sex	Birthdate
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Address	Phone	Email	Employer
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2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)		
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Reg Status	PCP
Verified	Tamika L. Perry, DO214-374-0827

Emergency Contact 1	Emergency Contact 2
Armstead, Amanda (Aunt) 2426 moffatt ave DALLAS, TX 75216 US 972-480-2566 (H)	

Alias

## Encounter Information

### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	Admit Date/Time:	IP Adm. Date/Time:
Admission Type:	Admission Source:	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:
Transfer Source:	Service Area:	Unit:
Admit Provider:	Attending Provider:	Referring Provider:

### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
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### Reason for Admission

None.

**Jerret Armstead**

10/19/2009 8:30 AM Office Visit

Department: **Dal General Surgery**

Encounter #: **61733543**

Description: **9 year old male**

Provider: **Joseph T. Murphy, MD**

## Facesheet

### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

### Facesheet (continued)

Address Phone EMail Employer  
2426 moffatt ave 972-480-2566 (H)  
DALLAS, TX 75216

Reg Status PCP  
Verified Tamika L. Perry, DO214-374-0827

Emergency Contact 1 Emergency Contact 2  
Armstead, Amanda (Aunt)  
2426 moffatt ave  
DALLAS, TX 75216  
US  
972-480-2566 (H)

Alias

### Private Encounter

Private Encounter  
No [2]

### Encounter Information

#### Admission Information - Hospital Account/Patient Record

Arrival Date/Time: 8:16 AM	Admit Date/Time: 10/19/2009 8:30 AM	IP Adm. Date/Time: None
Admission Type: Elective	Admission Source: Clinic Referral	Admit Category: None
Means of Arrival: None	Primary Service: Surgery	Secondary Service: None
Transfer Source: None	Service Area: Children's Medical Center	Unit: Dal General Surgery
Admit Provider: Joseph T. Murphy, MD	Attending Provider: Joseph T. Murphy, MD	Referring Provider: Unknown Physician, MD

#### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time: 10/19/2009 8:33 AM	Discharge Disposition: Home Or Self Care	Discharge Destination: None	Discharge Provider: None	Unit: Dal General Surgery
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### Reason for Admission

S/P Laparoscopy [V45.89CG] - Primary

### Jerret Armstead

10/19/2009 8:16 AM PCP/Clinic Change

Description: 9 year old male

Department:

Encounter #: 61864968

### Facesheet

Printed on 01/06/2010 10:23 AM



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

### Encounter Information (continued)

#### Patient Demographics

Name Armstead, Jerret	Patient ID 1082807	SSN xxx-xx-1763	Sex Male	Birthdate 06/02/00 (9 yrs)
Address 2426 moffatt ave DALLAS, TX 75216	Phone 972-480-2566 (H)	EMail	Employer	
Reg Status ELAPSED	PCP Tamika L. Perry, DO214-374-0827			
Emergency Contact 1 Armstead, Amanda (Aunt) 2426 moffatt ave DALLAS, TX 75216 US 972-480-2566 (H)	Emergency Contact 2			
Alias				

### Encounter Information

#### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	Admit Date/Time:	IP Adm. Date/Time:
Admission Type:	Admission Source:	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:
Transfer Source:	Service Area:	Unit:
Admit Provider:	Attending Provider:	Referring Provider:

#### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
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### Reason for Admission

None.

### Jerret Armstead

9/21/2009 10:02 PM Hospital Encounter

Description: 9 year old male

Department: Dal C4

Encounter #: 61732439

### acesheet

#### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
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DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

## Facesheet (continued)

### Patient Demographics (continued)

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)
Address	Phone	EMail	Employer	
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)			
Reg Status	PCP			
Verified				
Emergency Contact 1	Emergency Contact 2			
Armstead, Amanda (Aunt)				
2426 moffatt ave				
DALLAS, TX 75216				
US				
972-480-2566 (H)				
Alias				

### Private Encounter

Private Encounter  
Yes [1]

## Encounter Information

### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	10:02 PM	Admit Date/Time:	09/21/2009 10:16 PM	IP Adm. Date/Time:	09/22/2009 12:26 AM
Admission Type:	Emergency	Admission Source:	Emergency Room	Admit Category:	Main Ed
Means of Arrival:	Dallas Fire Rescue Ems	Primary Service:	Trauma	Secondary Service:	None
Transfer Source:	None	Service Area:	Children's Medical Center	Unit:	Dal C4
Admit Provider:	Joseph T. Murphy, MD	Attending Provider:	Joseph T. Murphy, MD	Referring Provider:	None

### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
09/22/2009 4:30 PM	Home Or Self Care	1 Home	Joseph T. Murphy, MD	Dal C4

### Reason for Admission

Stab Wound of the Abdomen [879.2J]

### Imaging Results

XR CHEST SINGLE VIEW PORTABLE [10463811]

Final result

Printed on 01/06/2010 10:23 AM



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

**Encounter Information (continued)****Imaging Results (continued)**

Resulted: 09/22/09 0844

Ordered by:	Joseph T. Murphy, MD 09/21/09 2215	Resulted by:	Jeannie K. Kwon, MD
Performed:	09/21/09 2150 - 09/21/09 2215	Specimen:	09/21/09 2215
Narrative:			

Name: ARMSTEAD, JERRET      DOB: 6/2/00 Age: 9 years  
Sex: Male  
MRN: 001082807      Ordering Phys: N/A

**Radiology Report**

Procedure	Exam Date/Time	Accession
RA Chest Single View Portable	9/21/09 10:15:00 PM	RA-09-0118638

Reason for exam  
stabbing

**Report**

**FINDINGS:** The trachea is normal in alignment. The aortic arch is left-sided. The cardiac silhouette is normal in size. The lungs are clear and well expanded. No effusions are present. The regional osseous structures demonstrate no abnormality. No radiopaque foreign body is present. Mild right axillary soft tissue prominence.

**IMPRESSION:** CLEAR LUNGS. RIGHT AXILLARY SOFT TISSUE PROMINENCE. NO RADIOPAQUE FOREIGN BODY.

\*\*\*FINAL REPORT\*\*\*

Dictated Date and Time: 22-SEP-09 08:24

Dictated by: KWON, MD JEANNIE K  
Signing Radiologist: KWON, MD JEANNIE K

Signed: 22-SEP-09 08:44  
KWON, MD JEANNIE K  
( Electronic Signature )



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

**Encounter Information (continued)****Imaging Results (continued)**

Page 1 of 1

Printed Date/Time: 09/22/09 8:44 AM

XR CHEST SINGLE VIEW PORTABLE [10463811]

Preliminary result

Resulted: 09/22/09 0825

Ordered by: Joseph T. Murphy, MD 09/21/09 2215

Resulted by: Jeannie K. Kwon, MD

Performed: 09/21/09 2150 - 09/21/09 2215

Specimen: 09/21/09 2215

Narrative:

Name: ARMSTEAD, JERRET

DOB: 6/2/00 Age: 9 years

Sex: Male

MRN: 001082807

Ordering Phys: N/A

**Radiology Report**

Procedure

Exam Date/Time

Accession

RA Chest Single View Portable 9/21/09 10:15:00 PM RA-09-0118638

Reason for exam

stabbing

**Report**

**FINDINGS:** The trachea is normal in alignment. The aortic arch is left-sided. The cardiac silhouette is normal in size. The lungs are clear and well expanded. No effusions are present. The regional osseous structures demonstrate no abnormality. No radiopaque foreign body is present. Mild right axillary soft tissue prominence.

**IMPRESSION:** CLEAR LUNGS. RIGHT AXILLARY SOFT TISSUE PROMINENCE. NO





DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

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**Encounter Information (continued)****Imaging Results (continued)**

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RADIOPAQUE FOREIGN BODY.

\*\*\*PRELIMINARY REPORT\*\*\*

Dictated Date and Time: 22-SEP-09 08:24

Reviewed by: KWON, MD JEANNIE K

Page 1 of 1

Printed Date/Time: 09/22/09 8:25 AM

**Jerret Armstead**  
9/21/2009 10:11 PM Surgery

Department: **Dal Periop Or Main**  
Encounter #: **61732462**

Description: **9 year old male**  
Provider: **Joseph T. Murphy, MD**

**Facesheet****Patient Demographics**

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)

Address	Phone	Email	Employer
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)		

Reg Status	PCP
------------	-----



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Surg. Date: 9/21/09

### Facesheet (continued)

Reg Status PCP  
Verified

Emergency Contact 1  
Armstead, Amanda (Aunt)  
2426 moffatt ave  
DALLAS, TX 75216  
US  
972-480-2566 (H)

Emergency Contact 2

Alias

### Encounter Information

#### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	Admit Date/Time:	IP Adm. Date/Time:
Admission Type:	Admission Source:	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:
Transfer Source:	Service Area:	Unit:
Admit Provider:	Attending Provider:	Referring Provider:

#### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
---------------------	-----------------------	-----------------------	--------------------	------

### Reason for Admission

None.

### Jerret Armstead

9/22/2009 10:21 AM History

Department: Dal Periop Or Main

Encounter #: 61734443

Description: 9 year old male

Provider: Joseph T. Murphy, MD

### Facesheet

#### Patient Demographics

Name Armstead, Jerret	Patient ID 1082807	SSN xxx-xx-1763	Sex Male	Birthdate 06/02/00 (9 yrs)
Address 2426 moffatt ave DALLAS, TX 75216	Phone 972-480-2566 (H)	Email	Employer	

Reg Status PCP  
Verified



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 9/22/09

### Facesheet (continued)

Emergency Contact 1  
Armstead, Amanda (Aunt)  
2426 moffatt ave  
DALLAS, TX 75216  
US  
972-480-2566 (H)

Emergency Contact 2

Alias

### Encounter Information

#### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	Admit Date/Time:	IP Adm. Date/Time:
Admission Type:	Admission Source:	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:
Transfer Source:	Service Area:	Unit:
Admit Provider:	Attending Provider:	Referring Provider:

#### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
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### Reason for Admission

None.

**Jerret Armstead**  
10/19/2009 8:40 AM History

Department: **Dal General Surgery**  
Encounter #: **61865102**

Description: **9 year old male**  
Provider: **Joseph T. Murphy, MD**

### Facesheet

#### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)

Address	Phone	Email	Employer
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)		

Reg Status	PCP
Verified	Tamika L. Perry, DO214-374-0827

Emergency Contact 1  
Armstead, Amanda (Aunt)  
2426 moffatt ave  
DALLAS, TX 75216

Emergency Contact 2



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

### Facesheet (continued)

Emergency Contact 1      Emergency Contact 2

US  
972-480-2566 (H)

Alias

### Encounter Information

#### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	Admit Date/Time:	IP Adm. Date/Time:
Admission Type:	Admission Source:	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:
Transfer Source:	Service Area:	Unit:
Admit Provider:	Attending Provider:	Referring Provider:

#### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
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#### Reason for Admission

None.

### Jerret Armstead

10/19/2009 8:30 AM Office Visit

Department: **Dal General Surgery**

Encounter #: **61733543**

Description: **9 year old male**

Provider: **Joseph T. Murphy, MD**

### Facesheet

#### Patient Demographics

Name Armstead, Jerret	Patient ID 1082807	SSN xxx-xx-1763	Sex Male	Birthdate 06/02/00 (9 yrs)
Address 2426 moffatt ave DALLAS, TX 75216	Phone 972-480-2566 (H)	Email	Employer	
Reg Status Verified	PCP Tamika L. Perry, DO214-374-0827			
Emergency Contact 1 Armstead, Amanda (Aunt) 2426 moffatt ave DALLAS, TX 75216 US 972-480-2566 (H)	Emergency Contact 2			



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

## Facesheet (continued)

Alias

## Private Encounter

Private Encounter

No [2]

## Encounter Information

### Admission Information - Hospital Account/Patient Record

Arrival Date/Time:	8:16 AM	Admit Date/Time:	10/19/2009 8:30 AM	IP Adm. Date/Time:	None
Admission Type:	Elective	Admission Source:	Clinic Referral	Admit Category:	None
Means of Arrival:	None	Primary Service:	Surgery	Secondary Service:	None
Transfer Source:	None	Service Area:	Children's Medical Center	Unit:	Dal General Surgery
Admit Provider:	Joseph T. Murphy, MD	Attending Provider:	Joseph T. Murphy, MD	Referring Provider:	Unknown Physician, MD

### Discharge Information - Hospital Account/Patient Record

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
10/19/2009 8:33 AM	Home Or Self Care	None	None	Dal General Surgery

## Reason for Admission

S/P Laparoscopy [V45.89CG] - Primary

**Jerret Armstead**  
10/19/2009 8:16 AM PCP/Clinic Change

Description: **9 year old male**  
Department:  
Encounter #: **61864968**

## Facesheet

### Patient Demographics

Name	Patient ID	SSN	Sex	Birthdate
Armstead, Jerret	1082807	xxx-xx-1763	Male	06/02/00 (9 yrs)

Address	Phone	E-Mail	Employer
2426 moffatt ave DALLAS, TX 75216	972-480-2566 (H)		

Reg Status	PCP
ELAPSED	Tamika L. Perry, DO214-374-0827

Emergency Contact 1	Emergency Contact 2
Armstead, Amanda (Aunt)	



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Enc. Date: 10/19/09

**Facesheet (continued)**

Emergency Contact 1  
2426 moffatt ave  
DALLAS, TX 75216  
US  
972-480-2566 (H)

Emergency Contact 2

Alias

**Encounter Information****Admission Information - Hospital Account/Patient Record**

Arrival Date/Time:	Admit Date/Time:	IP Adm. Date/Time:
Admission Type:	Admission Source:	Admit Category:
Means of Arrival:	Primary Service:	Secondary Service:
Transfer Source:	Service Area:	Unit:
Admit Provider:	Attending Provider:	Referring Provider:

**Discharge Information - Hospital Account/Patient Record**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
---------------------	-----------------------	-----------------------	--------------------	------

**Reason for Admission**

None.

**END OF REPORT**



CONSENT  
CMC87005-011

Rev. 06/01/2004

**CHILDREN'S MEDICAL  
CENTER DALLAS**  
1935 Motor Street • Dallas, Texas 75235  
(214) 456-7000

**Consent for Treatment/  
Advance Directive Notice**

06/02/2000 M SUR  
ARMSTEAD, JERRET  
10/19/09 0830 E X  
1082807 61733543



Page 1 of 4

**PATIENT AND/OR GUARANTOR MUST REVIEW THE FOLLOWING INFORMATION**

**I. Consent for Care and Treatment**

I hereby acknowledge that I/my child/my ward needs medical care and treatment. I voluntarily consent to the performance of hospital services and the use of all means of diagnostic and laboratory work of any kind (including but not limited to the taking of blood, tissue, fluids and other body samples, pictures and videotapes, x-ray or other radiographic procedures) upon myself/child/my ward, which are deemed necessary or prudent by my/my child/my ward's attending physician or any other member of the medical staff of Children's caring for me/my child/my ward. I also consent to the videotaping of myself/my child/my ward's treatment in the critical care area within the emergency department of Children's for quality improvement and educational purposes only. I understand that Children's functions in part as a teaching institute and I hereby acknowledge and consent to the use of myself/my child/my ward and related records, laboratory work or specimens and diagnostic results to be used from time to time for instructional purposes at the sole discretion of Children's.

**II. Patients eighteen (18) years of age or older, Legal Guardians of Incompetent Adults and Emancipated Minors only.**

I have received information regarding Advance Directives and the hospital's policies related to them. Advance Directives are documents such as Medical Power of Attorney, Advance Directives to Physicians, Declaration of Mental Health Treatment or Out of Hospital - Do Not Resuscitate Order.

Please initial the following applicable statement:

- ☐ I have executed an Advance Directive and have been requested to supply a copy to the hospital.  
☐ I have not executed an Advance Directive.  
☐ I wish to execute an Advance Directive.

Immediate questions can be addressed to Pastoral Care (214) 456-2822 or Social Services (214) 456-2300.

If Children's Medical Center Dallas is unable to comply with my Advance Directive, a consult with the Ethics Committee may be requested.

I hereby acknowledge that I have read and I understand the above Consent for Treatment and Advance Directive Policy.

Parent/Patient Representative:

Margaritta Brooks  
Signature

Margaritta Brooks  
Print Your Name

(469) 789-9618  
Your Home Phone #

Grand-Mother  
Relationship to Patient

10/19/2009  
Month Day Year

Hospital Staff Witness

[Signature]  
Signature

10 19 09  
Month Day Year





CONSENT  
CMC87005-001

Rev. 06/01/2004

**CHILDREN'S MEDICAL  
CENTER DALLAS**  
1935 Motor Street • Dallas, Texas 75235  
(214) 456-7000

**Authorization For The Use  
And Disclosure  
Of Health Information**

06/02/2000 M SUR  
ARMSTEAD, JERRET  
10/19/09 0830 E X  
1082807 61733543



**1. Disclosure of Information for Payment Purposes**

I hereby authorize Children's Medical Center Dallas ("Children's") and its workforce members and my/my child's/my ward's attending, consulting, or treating physician providing medical goods and services to me/my child/my ward (including such physician's workforce members) to disclose the information necessary to facilitate payment by a person or entity liable for payment on my/my child/my ward's behalf, to verify coverage or answer payment questions, or for any other purpose related to benefit payment. This information may be disclosed from my/my child's/my ward's medical and/or financial records and may include without limitation diagnosis and treatment records, history and physical, emergency records, laboratory reports, operative reports, physician progress notes, nurses notes, consultations, psychological and or psychiatric reports, and discharge summary. This authorization specifically includes information concerning communicable diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) including HIV/AIDS test results), genetic information, drug/alcohol abuse, psychiatric or psychological conditions, or mental retardation. This authorization applies to financial and/or medical records created in the course of and relating to this, or subsequent, hospitalization. I/my child/my ward understand(s) that this information may be required to be released in order to obtain payment for my/my child's/my ward's medical expenses incurred for treatment at Children's and by any physician providing medical goods and services to me/my child/my ward.

**2. Directory Information and Patient Unit Tracking Board**

Unless I object below, my/my child's/my ward's name will be added to the admission list and Patient Unit Tracking Board upon admission. If a person asks for me/my child/my ward by name the Hospital may acknowledge me/my child/my ward's presence and room number and allows the receipt of telephone calls, flowers, mail and visitors. The Hospital may acknowledge my/my child/my ward's condition with a one word statement (good, fair, serious, critical) upon request, however all patients in Foster Care, or in the custody of Child Protective Services (CPS), will be listed as a no information patient.

**Request to be Listed as a No Information Patient**

\_\_\_\_\_ I object to Children's use and disclosure of my/my child/my ward's information for directory information purposes and use on the Patient Unit Tracking Board, and I wish me/my child/my ward to be designated as a "no information patient."  
I understand that I may revoke this authorization at any time (except to the extent that action has been taken in reliance on this authorization) by contacting the Admitting department at (214) 456-2190.

**3. (MEDICARE/MEDICAID ONLY) Patient's Certification and Authorization to Release Information and Payment Request**

I certify that the information given by me/my child/my ward in applying for payment under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act is correct. I authorize any holder of medical or other information about me/my child/my ward to release to the Social Security Administration or intermediaries or carriers any information needed for this or a related Medicare or Medicaid claim. I request that payment of authorized benefits be made on my/my child's/my ward's behalf.

**4. Expiration Date**

Unless earlier revoked, I understand that this authorization will expire [three (3) years] from the date of my last inpatient or outpatient admission or treatment at Children's.

**5. Acknowledgement of Notice of Privacy Practices**

I have been offered a copy of Children's Medical Center Dallas' Notice of Privacy Practices and I understand that I may direct any questions/concerns to the Privacy Officer at (214) 456-4444.

I hereby acknowledge that I have read and I understand the above Authorization for the Use and Disclosure of Health Information.

Patient/Patient Representative: Margaret Brooks

Date: 10/19/09

Relationship to Patient: Grandmother

Hospital staff witness signature: [Signature]

Date: 10/19/09

**FOR OFFICIAL USE ONLY:** Children's Medical Center Dallas will make a good faith effort to obtain a written acknowledgement of receipt of the Notice provided to the individual. If the patient is unwilling and/or unable to sign this acknowledgement, Children's Medical Center Dallas must document its good faith efforts to obtain such acknowledgement and record the reason with the acknowledgement was not obtained.

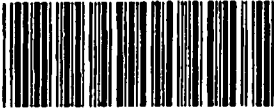
• Reason \_\_\_\_\_

Date \_\_\_\_\_ Staff Signature \_\_\_\_\_

**CHILDREN'S MEDICAL  
CENTER DALLAS**  
1935 Motor Street • Dallas, Texas 75235  
(214) 456-7000

06/02/2000 M SUR  
ARMSTEAD, JERRET  
10/19/09 0830 E X  
1082807 61733543

Page 3 of 4



CONSENT  
CMC87005-001

Rev. 06/01/2004

**Registration Agreement**



**THE PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION**

**I. Financial Responsibility**

In consideration of services rendered or to be rendered to me/my child/my ward, the undersigned, whether I/my child/my ward is the patient, patient's relative, patient's legal guardian, representative, agent, other individual or entity, hereby obligate myself/himself/herself individually to the hospital and physicians, including surgeons, radiologists, pathologists, anesthesiologists and consultants involved in my/my child/my ward's care and agree to pay for any and all charges and expenses incurred or to be incurred except to the extent limited or prohibited by Children's contractual arrangements with me/my child/my ward's health plan, which may include Medicaid, Medicare or Tricare. It is agreed and understood that regardless of any and all assigned benefits/monies, I, as the designated responsible party, am responsible for the total charges for services rendered. I further agree that all amounts are due upon request and are payable to the hospital and the appropriate physicians, including surgeons, radiologists, pathologists, anesthesiologists, and consultants involved in my/my child/my ward's care, and agree to pay for any and all charges and expenses incurred or to be incurred. It is further agreed and understood that should this account become delinquent and it becomes necessary for the account to be referred to an attorney or collection agency for collection or suit, I, as the designated responsible party or entity, shall pay all patient charges, reasonable attorney's fees and collection expenses. I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt.

**II. Assignment of Benefits/Insurance Requirements**

In consideration of services rendered or to be rendered to me/my child/my ward, I hereby irrevocably assign and transfer to the hospital all right, title and interest in all benefits/monies payable for services/supplies rendered, including but not limited to: group medical/indemnity/self-insured/Employee Retirement Income Security Act benefits/coverage, Personal Injury Protection, Uninsured Motorists/Underinsured Motorists, auto/homeowner insurance, and in all causes of action against any party or entity that may be responsible for payment of benefits/monies regardless of whether or not I ultimately settle my claim with a non-admission of liability provision. I fully understand that, in the event the hospital files a claim on my behalf, that the same does not impose any contractual obligation or otherwise upon the hospital and that I remain fully responsible for instituting suit within the applicable status of limitations regardless of the assignment of causes of action. I authorize the hospital to appeal any denial under my appeal rights provision. It is hereby agreed and understood that any condition precedent, subsequent or otherwise, including but not limited to, pre-certification, pre-authorization, or second opinions shall remain the sole responsibility of the patient and/or the patient's family, legal guardian, representative or agent. I further understand that failure to pre-certify could result in reduced payments from my/my child/my ward's insurance company, leaving the undersigned financially responsible for the non-reimbursed portion of my/my child/my ward's bill. It is further agreed and understood that the obtaining of verification of benefits and/or pre-certification does not in any form or fashion relieve the patient or patient's family, other individual or entity signing on my/my child/my ward's behalf of any liability for the financial responsibility for goods and services provided or to be provided to the patient by the hospital and any physician. I fully understand and agree that the hospital shall be entitled to full payment where a third-party accident is involved, notwithstanding any benefits payable by a managed care payer on my behalf, as third party bears primary responsibility.

**III. Authorization to Appeal**

I hereby authorize the hospital, its agent, representative or counsel to appeal on my behalf any of my claim(s) with Wal-Mart if applicable, Blue Cross and Blue Shield, if applicable, Humana, if applicable, and/or any payer which denies and/or delays payment for my claim(s). I further authorize that the payers listed herein and any other payers release any and all information requested and/or related to my claim(s) to the hospital and/or its attorneys. This authorization is irrevocable from the moment I formalize it herein and any appeal by the hospital shall have the same weight as if it had been filed by me personally.

**IV. Assignment of Cause of Action and Benefits**

I, for good and valuable consideration receipt of which is hereby acknowledged, assign and transfer, irrevocably to the hospital, any and all claims and demands, suits, remedies, guarantees, liens and/or causes of action, at law or in equity, either in contract or in tort, statutory or otherwise, as well as any other claim, in whole or in part, which I may now have or may hereafter hold or possess, known or unknown, on account of growing out of, relating to or concerning, whether directly or indirectly, proximately or remotely, any acts, omissions, events, transactions or occurrences that have occurred or failed to occur, which resulted in my/my child/my ward's injuries for which the hospital has provided and/or will provide medical goods and services to me/my child/my ward. This Assignment of Cause of Action and Benefits shall be effective against any and all parties or entities that may bear or appear to bear liability for my injuries, including but not limited to: my/my child/my ward's employer, its direct and indirect subsidiaries, all of its officers, directors, agents, servants, successors, assigns and employees. I further assign and transfer to the hospital, any and all rights (including appeal rights), title and interest in any and all benefits, monies or other form of compensation paid or to be paid on my/my child/my ward's behalf as a result of this injury/illness. I fully understand that I remain solely responsible for instituting suit within the applicable statute of limitations regardless of this Assignment and that the hospital is not in any form or fashion responsible for instituting suit on my behalf. I understand and agree that this Assignment does not relieve me of my liability or responsibility for any and all charges incurred as a result of medical goods and services provided to me/my child/my ward by the hospital.

**V. Patient Rights**

I acknowledge I have been provided information and instructions regarding my/my child/my ward's patient rights, which include but are not limited to: the right to make medical decisions, such as the right to accept or refuse medical treatment, to participate in my/my child/my ward's care plan and to receive care in a safe environment free of verbal or physical abuse or harassment. I acknowledge that I have also received information regarding the process for filing complaints at Children's.

**VI. Itemized Bill and Charge Information**

I hereby acknowledge that I have been informed of my right to receive an itemized bill within 30 days from the date of discharge by calling (214) 456-8224 and I have been informed that I may receive information about charges for which I will be responsible by calling (214) 456-8285.

• OUTPATIENT CLINIC CONSENT VALID THROUGH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I hereby acknowledge that I have read and I understand the above Registration Agreement.

Patient/Patient Representative: Margaret Brooks

Date: 10/19/09

Relationship to Patient: Grand Mother Hospital staff witness signature: PR

Date: 10/19/09

**CHILDREN'S MEDICAL  
CENTER DALLAS**1935 Motor Street • Dallas, Texas 75235  
(214) 456-7000**Notice To All Patients**CONSENT  
CMC87005-009

Rev. 06/01/2004

06/02/2000 M SUR

ARMSTEAD, JERRET

10/19/09 0830

E X

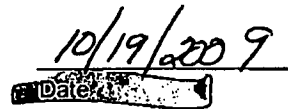
1082807

61733543

Page 4 of 4

**NOTICE TO ALL PATIENTS**

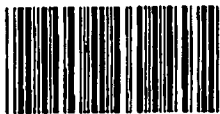
The physicians who treat you/your child at Children's Medical Center Dallas ("Children's") are not employees or agents of Children's. They are either (i) independent physicians engaged in the private practice of medicine who have staff privileges at Children's; (ii) independent physicians who are independent contractors and have staff privileges at Children's; (iii) physicians employed by the University of Texas Southwestern Medical Center or another institution who have staff privileges at Children's; or (iv) physicians participating in the care of patients as part of a post-graduate medical education program.

  
Signature  
Date  
Print Name**Notice Concerning Complaints**

Complaints about physicians, as well as other licensees and registrants of the Texas State Board of Medical Examiners, including physician assistants and acupuncturists, may be reported for investigation at the following address:

*Texas State Board of Medical Examiners  
Attention: Investigations  
1812 Centre Creek Drive, Suite 300  
P.O. Box 149134  
Austin, Texas 78714-9134*

Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353.

SURVN  
Form #

Rev. 09/2008

CHILDREN'S MEDICAL  
CENTER DALLAS1935 Medical District Drive • Dallas, Texas 75235  
(214) 456-7000Ambulatory Services  
General Surgery  
Patient Questionnaire

Page 1 of 2

6/2/2000 SURGERY  
Armstead, Jerrat  
1082807 M 61733543  
Murphy, Joseph T.  
10/19/09 English

CLINICAL

<b>Source of Information</b> Primary Care Physician: <u>Tameka Perry</u> Referring physician: _____ Surgeon: <u>Joseph T. Murphy MD</u> Person providing information: _____ Relationship to child: <u>Grand Mother</u> Language spoken: _____ Chief Complaint: _____	<b>Fuentes De Información</b> Médico Primario: _____ Médico que lo envía: _____ Cirujano: _____ Informante: _____ Relación con el niño: _____ Idioma que habla: _____ Motivo de la Consulta (malestar que le aqueja) _____
Reason for today's visit: <u>Follow up to Surgery</u>	Razón de su visita el día de hoy: _____
<b>History of Present Illness</b> Is your child having any of the following problems: Spits up No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Nausea No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Vomiting No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> _____ Won't eat No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Feeding problems No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Losing weight No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Belly hurts No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> _____ Stool accidents No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Diarrhea No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Constipation No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Blood in stool No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Fever No <input type="checkbox"/> Yes <input type="checkbox"/> _____ G-button or G-tube No <input type="checkbox"/> Yes <input type="checkbox"/> _____ Does your child use laxatives, enemas, or irrigations to treat constipation or incontinence? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> _____ Other problems: _____	<b>Antecedentes de la Enfermedad Actual</b> ¿Está teniendo su niño alguno de los siguientes problemas? Escupe los alimentos No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Náusea No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Vómitos No <input type="checkbox"/> Sí <input type="checkbox"/> _____ No quiere comer No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Problemas para comer No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Pérdida de peso No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Dolor de estómago No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Accidentes de Incontinencia (excremento) No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Diarrea No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Estreñimiento No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Sangre en excremento No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Fiebra (calentura) No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Tubo / botón gástricos No <input type="checkbox"/> Sí <input type="checkbox"/> _____ ¿Usa su niño laxantes, enemas o irrigaciones para tratar el estreñimiento o la incontinencia? No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Otros problemas: _____
<b>Past History</b> Are immunizations UP TO DATE? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> _____ Is your child allergic to any medications or LATEX? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> _____ If yes please list: <u>Adderall XR 30mg</u> Is your child taking medications? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> _____ If yes please list: <u>Adderall XR 30mg</u> Is your child taking over the counter medications? No <input type="checkbox"/> Yes <input type="checkbox"/> _____ If yes please list: _____	<b>Antecedentes</b> ¿Tiene las vacunas AL CORRIENTE? No <input type="checkbox"/> Sí <input type="checkbox"/> _____ ¿Es alérgico su niño a algún medicamento o al LÁTEX? No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Si lo es, por favor anótelos: _____ ¿Está tomando su niño algún medicamento? No <input type="checkbox"/> Sí <input type="checkbox"/> _____ Si es así, por favor anótelos: _____

SURVN  
Form #

Rev. 09/2008

**CHILDREN'S MEDICAL  
CENTER DALLAS**
1935 Medical District Drive • Dallas, Texas 75235  
(214) 456-7000Ambulatory Services  
General Surgery Clinic  
Patient Questionnaire

Page 2 of

6/2/2000 SURGERY  
Armstead, Jarret  
1082807 M 61733543  
Murphy, Joseph T.  
10/18/09 English

<b>Past Medical History</b> Has your child ever been hospitalized? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> For what reason? <u>Stab</u> Has your child ever had any operations? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Please list: <u>Laparoscopy after Stab</u> Please list any serious illness or injuries your child has had?	<b>Antecedentes Médicos</b> ¿Ha sido hospitalizado su niño (a) alguna vez? No <input type="checkbox"/> Sí <input type="checkbox"/> ¿Por qué razón? ¿Le han hecho a su niño(a) alguna operación? No <input type="checkbox"/> Sí <input type="checkbox"/> Explique por favor: Por favor anote cualquier enfermedad o lesión serias que haya tenido su niño?
<b>Family History</b> Do any family members have a serious medical problem?	<b>Antecedentes Médicos Familiares</b> ¿Algú miembro en la familia tiene algú problema médico serio?
<b>Social History</b> Are the child's parents separated? No <input type="checkbox"/> Yes <input type="checkbox"/> Is the child's parent a single parent? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <u>Matthew is deceased</u> Is the child missing school? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If so why?	<b>Antecedentes Sociales</b> ¿Están separados los padres del niño? No <input type="checkbox"/> Sí <input type="checkbox"/> ¿Es el padre/madre del niño padre/madre soltero(a)? No <input type="checkbox"/> Sí <input type="checkbox"/> ¿Está el niño faltando a la escuela? No <input type="checkbox"/> Sí <input type="checkbox"/>
<b>Review of Systems</b> Has your child having any of the following problems? Brain problems / Seizures No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Eye problems No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Ear / Nose / Throat No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Heart problems No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Breathing problems No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Stomach / Liver No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Anemia / Bleeding No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Kidney / Urianry No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Musculoskelton / Skin No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Any other problems: <u>Hyper Child</u>	<b>Antecedentes de la Enfermedad Actual</b> ¿Ha tenido su niño alguno de los siguientes probemas? Cerebro / Convulsiones No <input type="checkbox"/> Sí <input type="checkbox"/> Ojos No <input type="checkbox"/> Sí <input type="checkbox"/> Oido / Nariz / Garganta No <input type="checkbox"/> Sí <input type="checkbox"/> Corazón No <input type="checkbox"/> Sí <input type="checkbox"/> Respiración No <input type="checkbox"/> Sí <input type="checkbox"/> Estómago / Hígado No <input type="checkbox"/> Sí <input type="checkbox"/> Anemia / Sangrado No <input type="checkbox"/> Sí <input type="checkbox"/> Riñoon / Urinario No <input type="checkbox"/> Sí <input type="checkbox"/> Cualquier otra problema:
<b>Additional Information (For Office Use Only)</b>	<b>Información Adicional (Para que lo llene el personal)</b>
History reviewed by signature / title _____ Printed name _____ Date / Time: _____	



YEAR 9	CHILDREN'S MEDICAL CENTER DALLAS, TEXAS	DEPARTMENT OF ANESTHESIOLOGY ANESTHESIA RECORD	ANES 6/2/2000 (9 yrs) Male DALLAS MAIN EMERGENCY Armstead, Jerret 9/21/2009 2202 MRN 1082807 CSN 61732439	
MONTH 9	OPERATION: SPECIFIC PROCEDURE PERFORMED <i>Diagnosis / Laparoscopic</i>			
DAY 21				
ANES. NO.	SURGICAL DIAGNOSIS <i>abdominal surgery</i>			
ATTENDING ANESTHESIOLOGIST <i>Zhang, MD</i>		ATTENDING SURGEON <i>Maple</i>	ANES. START 7:25	FINISH 3:39
RESIDENT ANESTHESIOLOGIST <i>Martinez, MD</i>		RESIDENT SURGEON	SURG. START	FINISH
AGE: 9 WT: 20		EQUIPMENT AND MACHINE CHECKED <input checked="" type="checkbox"/>		PATIENT IDENTIFIED <input checked="" type="checkbox"/>
PREMED: TIME:		PATIENT REASSESSED PRIOR TO INDUCTION <input checked="" type="checkbox"/>		PLANNED INDUCTION <input type="checkbox"/> GAS <input checked="" type="checkbox"/> IV
				ASA CLASS I E
ANESTHETICS		HOUR		TOTALS
<i>Propofol</i>		<i>2.5</i>		
<i>Sufur</i>		<i>4.5</i>		
<i>Roxy</i>		<i>2.0</i>		
<i>Fentanyl</i>		<i>1.0</i>		
<i>Fluor</i>		<i>1.0</i>		
<i>O2 / Air</i>		<i>5</i>		
<i>Sev</i>		<i>1.0</i>		
ABGS				
PO <sub>2</sub>	200			
PCO <sub>2</sub>	180			
PH	160			
ΔB	140			
O <sub>2</sub> SAT	120			
HB	100			
CHEMSTRIP	80			
CIRCUIT:	60			
VENT. SETTINGS	40			
TV	20			
IP	0			
RR	30			
F <sub>i</sub> O <sub>2</sub>	1			
O <sub>2</sub> SAT	100			
ENDTIDAL CO <sub>2</sub>	35			
PRESSURE	5A			
TEMP	36.5			
URINE OUTPUT	36.6			
BLOOD LOSS	36.1			
IV FLUIDS	NS			
MONITORS (CIRCLE)		POSITION (CIRCLE)		RELAXANT REVERSAL
SWANMAP	PRONE	ROBINUL		NEOSTIG
PULSE-EKG	FLAT	ROBINUL		0.4 mg
RESP.	OTHER	OTHER		0.4 mg
PCS	OTHER	OTHER		0.4 mg
ESOPH STETH	OTHER	OTHER		0.4 mg
TEMP	OTHER	OTHER		0.4 mg
O <sub>2</sub> SAT	OTHER	OTHER		0.4 mg
ETCO <sub>2</sub>	OTHER	OTHER		0.4 mg
RECOVERY		RECOVERY		RECOVERY
B.P.		B.P.		B.P.
P		P		P
RESP		RESP		RESP
SENSORUM		SENSORUM		SENSORUM
SaO <sub>2</sub>		SaO <sub>2</sub>		SaO <sub>2</sub>
ETT IN □ OUT □		ETT IN □ OUT □		ETT IN □ OUT □
OTHER		OTHER		OTHER

2257- to OR, RAN,  
AS1 Z enichow, MT  
DECO2, EBO2, eyes  
taped, the secured

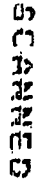
to PACU, report  
given

EBV:  
MAINTENANCE:  
DEFICIT:

ENDOTRACHEAL  
MASK SIZE 5.5 ORAL ✓  
BLADE 11/12 NASAL ✓  
AFFIN CUFF ✓  
LACRILUBE PACK ✓  
TAPED BILAT BS ✓  
LEAK AT 30

INTRA OPERATIVE & RECOVERY  
ROOM COMPLICATIONS

0 complications



8 year old

**KEY: PRBC= Packed Red Blood Cells; #= number; ABO/Rh= Blood type/group**





CONSENT

**CHILDREN'S MEDICAL CENTER DALLAS**

1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

**CONSENT FOR TREATMENT/  
ADVANCE DIRECTIVE NOTICE**

MED REC

ACCT NO.

PATIENT:

6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armstead, Jerret  
9/21/2009 2216  
MRN 1082807 CSN 61732439

DATE

N

DOB

PATIENT AND/OR GUARANTOR MUST REVIEW THE FOLLOWING INFORMATION

**I. Consent for Care and Treatment**

I hereby acknowledge that I/my child/my ward needs medical care and treatment. I voluntarily consent to the performance of hospital services and the use of all means of diagnostic and laboratory work of any kind (including but not limited to the taking of blood, tissue, fluids and other body samples, pictures and videotapes, x-ray or other radiographic procedures) upon myself/child/my ward, which are deemed necessary or prudent by my/my child/my ward's attending physician or any other member of the medical staff of Children's caring for me/my child/my ward. I also consent to the videotaping of myself/my child/my ward's treatment in the critical care area within the emergency department of Children's for quality improvement and educational purposes only. I understand that Children's functions in part as a teaching institute and I hereby acknowledge and consent to the use of myself/my child/my ward and related records, laboratory work or specimens and diagnostic results to be used from time to time for instructional purposes at the sole discretion of Children's.

**II. Patients eighteen (18) years of age or older, Legal Guardians of Incompetent Adults and Emancipated Minors only.**

I have received information regarding Advance Directives and the hospital's policies related to them. Advance Directives are documents such as Medical Power of Attorney, Advance Directives to Physicians, Declaration of Mental Health Treatment or Out of Hospital - Do Not Resuscitate Order.

Please initial the following applicable statement:

- ☐ I have executed an Advance Directive and have been requested to supply a copy to the hospital.  
☐ I have not executed an Advance Directive.  
☐ I wish to execute an Advance Directive.

Immediate questions can be addressed to Pastoral Care (214) 456-2822 or Social Services (214) 456-2300.

If Children's Medical Center Dallas is unable to comply with my Advance Directive, a consult with the Ethics Committee may be requested.

I hereby acknowledge that I have read and I understand the above Consent for Treatment and Advance Directive Policy.

Parent/Patient Representative:

Hospital Staff Witness

Signature

Signature

Amanda Armstead

Print Your Name

9, 21, 09

Month Day Year

912, 480, 2566

Your Home Phone #

Aunt

Relationship to Patient

9, 21, 09

Month Day Year



CONSENT

**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

**AUTHORIZATION FOR THE USE AND DISCLOSURE  
OF HEALTH INFORMATION**

MED REC NO. \_\_\_\_\_ ACCT NO. \_\_\_\_\_  
PATIENT 6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
DATE 9/21/2009 2216  
Armstead, Jerret  
MRN 1082807 CSN 61732439  
DOB \_\_\_\_\_

**1. Disclosure of Information for Payment Purposes**

I hereby authorize Children's Medical Center Dallas ("Children's") and its workforce members and my/my child's/my ward's attending, consulting, or treating physician providing medical goods and services to me/my child/my ward (including such physician's workforce members) to disclose the information necessary to facilitate payment by a person or entity liable for payment on my/my child/my ward's behalf, to verify coverage or answer payment questions, or for any other purpose related to benefit payment. This information may be disclosed from my/my child's/my ward's medical and/or financial records and may include without limitation diagnosis and treatment records, history and physical, emergency records, laboratory reports, operative reports, physician progress notes, nurses notes, consultations, psychological and or psychiatric reports, and discharge summary. This authorization specifically includes information concerning communicable diseases such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (including HIV/AIDS test results), genetic information, drug/alcohol abuse, psychiatric or psychological conditions, or mental retardation. This authorization applies to financial and/or medical records created in the course of and relating to this, or subsequent, hospitalization. I/my child/my ward understand(s) that this information may be required to be released in order to obtain payment for my/my child's/my ward's medical expenses incurred for treatment at Children's and by any physician providing medical goods and services to me/my child/my ward.

**2. Directory Information and Patient Unit Tracking Board**

Unless I object below, my/my child's/my ward's name will be added to the admission list and Patient Unit Tracking Board upon admission. If a person asks for me/my child/my ward by name the Hospital may acknowledge me/my child/my ward's presence and room number and allows the receipt of telephone calls, flowers, mail and visitors. The Hospital may acknowledge my/my child/my ward's condition with a one word statement (good, fair, serious, critical) upon request, however all patients in Foster Care, or in the custody of Child Protective Services (CPS), will be listed as a no information patient.

**Request to be Listed as a No Information Patient**

I object to Children's use and disclosure of my/my child/my ward's information for directory information purposes and use on the Patient Unit Tracking Board, and I wish me/my child/my ward to be designated as a "no information patient."

I understand that I may revoke this authorization at any time (except to the extent that action has been taken in reliance on this authorization) by contacting the Admitting department at (214) 456-2190.

**3. (MEDICARE/MEDICAID ONLY) Patient's Certification and Authorization to Release Information and Payment Request**

I certify that the information given by me/my child/my ward in applying for payment under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act is correct. I authorize any holder of medical or other information about me/my child/my ward to release to the Social Security Administration or intermediaries or carriers any information needed for this or a related Medicare or Medicaid claim. I request that payment of authorized benefits be made on my/my child's/my ward's behalf.

**4. Expiration Date**

Unless earlier revoked, I understand that this authorization will expire [three (3) years] from the date of my last inpatient or outpatient admission or treatment at Children's.

**5. Acknowledgement of Notice of Privacy Practices**

I have been offered a copy of Children's Medical Center Dallas' Notice of Privacy Practices and I understand that I may direct any questions/concerns to the Privacy Officer at (214) 456-4444.

I hereby acknowledge that I have read and I understand the above Authorization for the Use and Disclosure of Health Information.

Patient/Patient Representative: \_\_\_\_\_

Date: 9/21/09

Relationship to Patient: Aunt

Hospital staff witness signature: \_\_\_\_\_

Date: 9/21/09

**FOR OFFICIAL USE ONLY:**

Children's Medical Center Dallas will make a good faith effort to obtain a written acknowledgement of receipt of the Notice provided to the individual. If the patient is unwilling and/or unable to sign this acknowledgement, Children's Medical Center Dallas must document its good faith efforts to obtain such acknowledgement and record the reason with the acknowledgement was not obtained.

• Reason \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_



CONSENT

**CHILDREN'S MEDICAL CENTER DALLAS**

1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

**REGISTRATION AGREEMENT**

MED REC NO. \_\_\_\_\_ ACCT NO. \_\_\_\_\_

 PATIENT \_\_\_\_\_  
 6/2/2000 (9 yrs) Male  
 DALLAS MAIN EMERGENCY  
 Armstead, Jerret  
 DATE \_\_\_\_\_  
 9/21/2009 2216  
 MRN 1082807 CSN 61732439

DOB \_\_\_\_\_

**THE PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION****I. Financial Responsibility**

In consideration of services rendered or to be rendered to me/my child/my ward, the undersigned, whether I/my child/my ward is the patient, patient's relative, patient's legal guardian, representative, agent, other individual or entity, hereby obligate myself/himself/herself individually to the hospital and physicians, including surgeons, radiologists, pathologists, anesthesiologists and consultants involved in my/my child/my ward's care and agree to pay for any and all charges and expenses incurred or to be incurred except to the extent limited or prohibited by Children's contractual arrangements with me/my child/my ward's health plan, which may include Medicaid, Medicare or Tricare. It is agreed and understood that regardless of any and all assigned benefits/monies, I, as the designated responsible party, am responsible for the total charges for services rendered. I further agree that all amounts are due upon request and are payable to the hospital and the appropriate physicians, including surgeons, radiologists, pathologists, anesthesiologists, and consultants involved in my/my child/my ward's care, and agree to pay for any and all charges and expenses incurred or to be incurred. It is further agreed and understood that should this account become delinquent and it becomes necessary for the account to be referred to an attorney or collection agency for collection or suit, I, as the designated responsible party or entity, shall pay all patient charges, reasonable attorney's fees and collection expenses. I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt.

**II. Assignment of Benefits/Insurance Requirements**

In consideration of services rendered or to be rendered to me/my child/my ward, I hereby irrevocably assign and transfer to the hospital all right, title and interest in all benefits/monies payable for services/supplies rendered, including but not limited to: group medical/indemnity/self-insured/Employee Retirement Income Security Act benefits/coverage, Personal Injury Protection, Uninsured Motorists/Underinsured Motorists, auto/homeowner insurance, and in all causes of action against any party or entity that may be responsible for payment of benefits/monies regardless of whether or not I ultimately settle my claim with a non-admission of liability provision. I fully understand that, in the event the hospital files a claim on my behalf, that the same does not impose any contractual obligation or otherwise upon the hospital and that I remain fully responsible for instituting suit within the applicable status of limitations regardless of the assignment of causes of action. I authorize the hospital to appeal any denial under my appeal rights provision. It is hereby agreed and understood that any condition precedent, subsequent or otherwise, including but not limited to, pre-certification, pre-authorization, or second opinions shall remain the sole responsibility of the patient and/or the patient's family, legal guardian, representative or agent. I further understand that failure to pre-certify could result in reduced payments from my/my child/my ward's insurance company, leaving the undersigned financially responsible for the non-reimbursed portion of my/my child/my ward's bill. It is further agreed and understood that the obtaining of verification of benefits and/or pre-certification does not in any form or fashion relieve the patient or patient's family, other individual or entity signing on my/my child/my ward's behalf of any liability for the financial responsibility for goods and services provided or to be provided to the patient by the hospital and any physician. I fully understand and agree that the hospital shall be entitled to full payment where a third-party accident is involved, notwithstanding any benefits payable by a managed care payer on my behalf, as third party bears primary responsibility.

**III.****Authorization to Appeal**

I hereby authorize the hospital, its agent, representative or counsel to appeal on my behalf any of my claim(s) with Wal-Mart, if applicable, Blue Cross and Blue Shield, if applicable, Humana, if applicable, and/or any payer which denies and/or delays payment for my claim(s). I further authorize that the payers listed herein and any other payers release any and all information requested and/or related to my claim(s) to the hospital and/or its attorneys. This authorization is irrevocable from the moment I formalize it herein and any appeal by the hospital shall have the same weight as if it had been filed by me personally.

**IV.****Assignment of Cause of Action and Benefits**

I, for good and valuable consideration receipt of which is hereby acknowledged, assign and transfer, irrevocably to the hospital, any and all claims and demands, suits, remedies, guarantees, liens and/or causes of action, at law or in equity, either in contract or in tort, statutory or otherwise, as well as any other claim, in whole or in part, which I may now have or may hereafter hold or possess, known or unknown, on account of growing out of, relating to or concerning, whether directly or indirectly, proximately or remotely, any acts, omissions, events, transactions or occurrences that have occurred or failed to occur, which resulted in my/my child/my ward's injuries for which the hospital has provided and/or will provide medical goods and services to me/my child/my ward. This Assignment of Cause of Action and Benefits shall be effective against any and all parties or entities that may bear or appear to bear liability for my injuries, including but not limited to: my/my child/my ward's employer, its direct and indirect subsidiaries, all of its officers, directors, agents, servants, successors, assigns and employees. I further assign and transfer to the hospital, any and all rights (including appeal rights), title and interest in any and all benefits, monies or other form of compensation paid or to be paid on my/my child/my ward's behalf as a result of this injury/illness. I fully understand that I remain solely responsible for instituting suit within the applicable statute of limitations regardless of this Assignment and that the hospital is not in any form or fashion responsible for instituting suit on my behalf. I understand and agree that this Assignment does not relieve me of my liability or responsibility for any and all charges incurred as a result of medical goods and services provided to me/my child/my ward by the hospital.

**V.****Patient Rights**

I acknowledge I have been provided information and instructions regarding my/my child/my ward's patient rights, which include but are not limited to: the right to make medical decisions, such as the right to accept or refuse medical treatment, to participate in my/my child/my ward's care plan and to receive care in a safe environment free of verbal or physical abuse or harassment. I acknowledge that I have also received information regarding the process for filing complaints at Children's.

**VI.****Itemized Bill and Charge Information**

I hereby acknowledge that I have been informed of my right to receive an itemized bill within 30 days from the date of discharge by calling (214) 456-8224 and I have been informed that I may receive information about charges for which I will be responsible by calling (214) 456-8285.

o

**OUTPATIENT CLINIC CONSENT VALID THROUGH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I have read and I understand the above Registration Agreement.

Patient/Patient Representative: \_\_\_\_\_

Relationship to Patient: Aunt

Hospital staff witness signature: \_\_\_\_\_

Date: 9-21-09Date: 9-21-09



CONSENT

**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

**NOTICE TO ALL PATIENTS**

MED REC NO. \_\_\_\_\_ ACCT NO. \_\_\_\_\_

PATIENT ... 6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
DATE ... Armstead, Jerret  
9/21/2009 2216  
MRN 1082807 CSN 61732439

DOB \_\_\_\_\_

**NOTICE TO ALL PATIENTS**

The physicians who treat you/your child at Children's Medical Center Dallas ("Children's") are not employees or agents of Children's. They are either (i) independent physicians engaged in the private practice of medicine who have staff privileges at Children's; (ii) independent physicians who are independent contractors and have staff privileges at Children's; (iii) physicians employed by the University of Texas Southwestern Medical Center or another institution who have staff privileges at Children's; or (iv) physicians participating in the care of patients as part of a post-graduate medical education program.

  
Signature

9/21/09  
Date

Amanda Armstead  
Print Name

**Notice Concerning Complaints**

Complaints about physicians, as well as other licensees and registrants of the Texas State Board of Medical Examiners, including physician assistants and acupuncturists, may be reported for investigation at the following address:

*Texas State Board of Medical Examiners*  
*Attention: Investigations*  
*1812 Centre Creek Drive, Suite 300*  
*P.O. Box 149134*  
*Austin, Texas 78714-9134*

Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353.



CONSENT

**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

**Medical & Surgical Procedures  
Disclosure and Consent**

MED REC

PATIENT 6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armstead, Jerret  
DATE 9/21/2009 2202  
MRN 1082807 CSN 61732439  
DOB

TO THE PARENT/PATIENT: You have the right as a parent/patient to be informed about your child's condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Dr. Murphy as my /our child's physician and such associates, residents, fellows, technical assistants and other health care providers as they may deem necessary, to treat my/our child's condition which has been explained to me/us as: STB, Lungs, TB, Abdomen

I (we) understand the following surgical, medical, and/or diagnostic procedures are planned for my/our child and I (we) voluntarily consent and authorize these procedures: Diagnostic Laparoscopy

I (we) understand that my/our child's physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my/our child's physician and such associates, residents, fellows, technical assistants and other healthcare providers to perform such other procedures which are advisable in their professional judgment.

☐ Transfusion of blood products is not anticipated for this procedure

I (we) ☐ do ☐ do not consent to the use of blood and blood products as deemed necessary. I (we) understand that there are risks and hazards, however unlikely, related to transfusions or other use of blood or blood products, including but not limited to the following: fever; transfusion reaction which may include kidney failure or anemia; heart failure; hepatitis; A.I.D.S. (Acquired Immune Deficiency Syndrome); or other infections. Alternatives to blood and blood products along with the associated risks have been discussed with me / us by my / our physician.

I (we) authorize the hospital authorities to dispose of any tissues or parts which may be removed during the course of the operation(s) or procedure(s).

I (we) understand that no warranty or guarantee has been made to me as a result or cure.

Just as there may be risks and hazards in continuing my/my child's present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for my/our child. I (we) realize that with any surgical, medical, and/or diagnostic procedures there is the risk of infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure: STB, Lungs, TB, Abdomen

I (we) understand that I (we) will be signing a separate Consent for Anesthesia Services.

I (we) authorize the taking of still photographs or other visual recording provided that identification of my (our) child is not revealed.

I (we) have been given the opportunity to ask questions about my / my child's condition and the procedures and treatment for that condition. My/our child's physician has discussed with me / us the risks and benefits of the procedure and treatment, alternative treatments and procedures and the associated risks and benefits. I / we have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me/us, that I (we) have read this form or have had it read to me/us, that the blank spaces have been filled in, and that I (we) understand its contents.

MD #1 [Signature] FENG Date / Time 9/21/09

Signature of Patient/Parent / Responsible Party

Printed Name

MD # [Signature] Date / Time 9/21/09

Signature of Witness

Printed Name

MD #3 [Signature] Date / Time 9/21/09

Signature of Translator

Printed Name

Signature of Provider Obtaining Consent

Date / Time

Printed Name

2230





**CHILDREN'S MEDICAL  
CENTER DALLAS**  
1935 Medical District Drive • Dallas, Texas 75235  
(214) 456-7000

6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armstead, Jerret  
9/21/2009 2202  
MRN 1082807 CSN 61732439

CONSENT  
CMC 51102-002

Rev. 6/2009

Anesthesia Services  
Disclosure and Consent

**TO THE PARENT/PATIENT:** You have consented for you/your child to undergo the recommended surgical, medical or diagnostic procedure(s). To facilitate this/these procedure(s), anesthesia may be necessary. Anesthesia may include local or regional anesthesia, sedation, and general anesthesia. You have the right as a parent/patient to be informed about your/your child's condition, the type of anesthesia planned and the risks and hazards involved, so that you may make a decision whether or not to undergo the procedure. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

**ACKNOWLEDGEMENT:**

I (we) understand that anesthesia involves additional risks and hazards, but I (we) request the provision of anesthesia to protect my/my child's well-being during the planned and additional procedures. I (we) understand that the anesthesia technique to be used is determined by many factors including my/our child's physical condition, the type of procedure, as well as my own desire.

I (we) request the use of anesthesia to facilitate the planned procedure and to prevent/relieve pain associated with this procedure and any additional procedures.

I (we) voluntarily request Dr. Zhang as my/our child's anesthesiologist, and such associate anesthesiologists, residents, fellows, anesthesiologist assistants, certified registered nurse anesthetists, anesthesiologist assistant student, and other healthcare providers as they may deem necessary.

I (we) understand that the following type of anesthesia (checked) is planned for me/our child: ☒ general, ☐ caudal, ☐ epidural, ☐ nerve block, ☐ other: \_\_\_\_\_

I (we) understand that several different types of anesthesia may be available (including general, regional, caudal, or spinal anesthesia), as is the administration of sedation or no anesthesia and those alternatives have been explained to me.

I (we) understand that anesthesia involves risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).

I (we) understand that certain complications may result from the use of any anesthetic, including, but not limited to: General- Permanent organ damage, memory dysfunction or loss, awareness, sore throat, nausea, vomiting, chipping of a tooth, drug reaction, paralysis or death. Epidural or Spinal- persistent back pain, bleeding / epidural hematoma, infection, potential to convert to general anesthetic if the block fails or the procedure outlasts the block, brain damage. In addition to the above risks, the following anesthetic risks may occur in connection with this particular procedure: temporary cognitive/ dysfunction/ coordination.

We do not recommend activities that require cognitive function and /or coordination for 24 hours after anesthesia.

I (We) acknowledge that I (we) have been given an opportunity to ask questions about my/our child's condition, alternative forms of anesthesia and postoperative pain control and the risks and hazards involved.

I (We) certify that this form has been fully explained to me/us, that I (we) have read this form or had it read to me/us, that the blank spaces have been filled in, and that I (we) understand its contents. I (We) therefore voluntarily consent to the administration of anesthesia to my/our child during the procedure(s).

Signature of patient/parent / responsible party

Date / Time

Printed Name

Signature of witness

Date / Time

Printed Name

Signature of translator

Date / Time

Printed Name

Signature of provider Obtaining Consent

Date / Time

Printed Name

Armstead, Jerret (MR # 1082807)

Encounter Date: 09/21/2009



1935 Medical District Drive Dallas, TX 75235 214-456-7000

**Discharge Summary**

Jerret Armstead (MRN: 1082807)

**Patient Information**

Patient Name DOB  
Armstead, Jerret 6/2/2000  
(1082807)

**Admission Information**

Date & Time	Department	Dept Phone	Hosp. Acct. #
9/21/2009 10:02 PM	Dal C4	214-730-5437	

**Attending Provider Information**

Provider	pager	Service	Admission Date
Joseph T. Murphy, MD		Trauma	09/21/09
Actual LOS			
1 day			

**Allergies as of 9/22/2009**

No Known Allergies

**Special Instructions****Discharge Instructions**

Date of admission: 9/21/2009

Date of discharge: 9/22/2009

Mechanism of Injury: Penetrating

Diagnosis: stab wound

□

Procedures: laparoscopy

Diet: regular

Discharge to: per CPS

Follow-up: 10/19/09 at 0830 with Dr. Murphy

Wound Care: Keep them dry for the first two days after injury unless otherwise directed. After the second day, wash wounds daily with mild soap and water. Be sure to wash your hands before caring for the wound and use clean towels and washcloths. Watch the wound for signs of infection: redness, swelling, drainage, separation of wound edges, or temperature of 101.5 or higher. Apply antibiotic ointment as directed. Wound care sheet provided at discharge.

**IF THERE ARE ANY CONCERNS PLEASE CALL THE TRAUMA OFFICE AT (214) 456-8160.**

Activity: as tolerated. No swimming or soaking wounds until the skin is healed and instructed by physician



Armstead, Jerret (MR # 1082807)

Encounter Date: 09/21/2009

Return to school: on Monday the 28th. No recess or PE until cleared by physician.

### Medications

#### START taking these medications

	Details	Last Dose Given	Comments
acetaminophen (TYLENOL) 325 mg tablet	Take 1 Tab by mouth every 4 hours as needed for Pain. Qty: 0 Refills: 0 Start Date: 9/22/09		
ibuprofen (MOTRIN) 20 mg/mL suspension	Take 15 mL by mouth every 6 hours as needed. Qty: 0 Refills: 0 Start Date: 9/22/09		

### Appointments

#### External Appointment

Appointment Date	Appointment Time	Physician or Clinic	Telephone Number	Fax Number	Comments
------------------	------------------	---------------------	------------------	------------	----------

#### External Appointment

Appointment Date	Appointment Time	Physician or Clinic	Telephone Number	Fax Number	Comments
------------------	------------------	---------------------	------------------	------------	----------

#### External Appointment

Appointment Date	Appointment Time	Physician or Clinic	Telephone Number	Fax Number	Comments
------------------	------------------	---------------------	------------------	------------	----------

#### Scheduled Appointments at Children's Medical Center - Next 6 Months

Date	Time	Visit Type	Department	Length
10/19/09	8:30 AM	FOLLOW UP	DAL GENERAL SURGERY [102024]	30
<b>Pt Instr:</b> Please bring the following with you to your appointment: -Photo ID of the parent or legal guardian escorting the child -Insurance/Medicaid/CHIP card -All medications the patient is taking including prescription, over the counter and herbal -Immunization Records Please allow extra time in your travel plans for parking and check-in If you are unable to keep this appointment, please call 214.730.KIDS				

#### Your To Do List

Future Appointments: 10/19/2009 8:30 AM	Provider: Joseph T. Murphy, MD	Department: Dal General Surgery	Dept Phone: 214-456-2766	Center: DALLAS
--	-----------------------------------	------------------------------------	-----------------------------	-------------------

Future Orders  
FOLLOW-UP TO GENERAL SURGERY (FLP20)

Please Complete By

Expires  
9/22/10

*Margaret Brooks*  
Parent/Guardian Signature / Relation to patient

9/22/09  
Date



DI



EPD

**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

**Emergency Center  
Visit Documentation**

**\*DRAFT COPY UNTIL SIGNED\***

MED REC NO. \_\_\_\_\_

PATIENT \_\_\_\_\_

DATE \_\_\_\_\_

DOB \_\_\_\_\_

6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armstead, Jerret  
9/21/2009 2202  
MRN 1082807 CSN 61732439

Page 2 of 3

## Check One

- ☒ Trauma  
☐ Medical

CC  
HPI

9yo AAD involved in a domestic  
dispute - saw his mom and aunt  
being involved in homicide

## Elements:

Location  
Quality  
Severity  
Duration  
Timing  
Context  
Modifying factors  
Associated signs/  
symptoms

ROS ☐ non-contributoryPMH ☐ non-contributoryFH ☐ non-contributorySH ☐ non-contributory

Allergies NKDA

Immunizations

Medications

Primary Care Physician

## Physical Exam

## General

T \_\_\_\_\_ HR 90/1 RR 16 BP 120/70 Level 1 - 2: 1-5; Level 3: 6; Level 4: 12; Level 5: 2-9  
Wt. 30 kilograms Oxygen Saturation 99%  
☒ alert, well hydrated ☐ A traumatic, normocephalic ☐ comments ACS JS

## Eyes

☒ clear conjunctiva L/R ☐ red L/R ☐ exudate L/R abrasion on (R) clavicle  
☒ PERRL 4 → 2 ☐ discs L/R

## Ears (Tympanic Membranes)

☐ clear mobile L/R ☐ red L/R ☐ dull L/R ☐ fluid L/R ☐ tubes L/R

## (Canals)

☐ pink, clear L/R ☐ red L/R ☐ exudate L/R ☐ wax L/R

## Nose

☐ pink, moist, clear ☐ red ☐ swollen ☐ lesions ☐ ulcers

## Mouth

☐ pink, no lesions ☐ plaques ☐ lesions ☐ ulcers

## Throat

☐ tonsils not inflamed ☐ red ☐ exudate ☐ enlarged 1 2 3 4 +

## Neck

☐ non tender, full range of motion ☐ adenopathy (describe)

## Respiratory

☐ clear to auscultation ☐ wheezing L/R ☐ decrease L/R ☐ rhonchi L/R ☐ rales L/R

## CV

☐ no increased work of breathing ☐ retractions ☐ flaring ☐ stridor

## ABD

☐ normal S1, S2, no murmur ☐ murmur

☐ pulse equal distal, central ☐ firm ☐ tender

☐ capillary refill less than 2 seconds ☐ laceration 1 cm RLQ.

## GU

☐ soft, non tender, no masses, no hepatosplenomegaly ☐ hypoactive ☐ absent ☐ mass

☐ normal bowel sounds ☐ hyperactive ☐ rectal

## Nodes

☐ Tanner 1 2 3 4 5 ☐ small abrasion @ UQ of abd

## Musculoskeletal

☐ normal female external genitalia ☐ decreased range of motion (describe)

☐ normal male external genitalia ☐ no point tenderness ☐ swelling (describe)

## Skin

☐ (describe) ☐ full range of motion, no swelling ☐ rash (describe)

## Neurological

☐ warm, dry, no rash ☐ lesion (describe)

## Psychiatric

☐ symmetrical strength, tone ☐ age appropriate mental status

## Other

☐ oriented x 3

## Assessment / Differential Diagnosis

- ☐ Prior medical records reviewed  
☐ Directed EMS pre-hospital care  
☐ Translation services required

☐ I have reviewed pages 2 and 3 of the Emergency Center Visit Documentation.  
Signature / Title: \_\_\_\_\_ Date / Time: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Key: EMP = Emergency Medical Provider; CC = Chief Complaint; HPI = History of Present Illness; ROS = Review of Systems; PMH = Past Medical History;  
FH = Family History; SH = Social History; T = Temperature; HR = Heart Rate; RR = Respiratory Rate; BP = Blood Pressure; L/R = left/right; Wt. = weight;  
PERRL = pupils equal, round, and reactive to light; S1 = first heart sound; S2 = second heart sound; EMS = emergency medical services

CMC 61501-015 (09/05)

ORIGINAL - Medical Records YELLOW - ER Files

**\*DRAFT COPY UNTIL SIGNED\***



EPD

**\*DRAFT COPY UNTIL SIGNED\***

**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

**Emergency Center  
Visit Documentation**

MED REC NO. \_\_\_\_\_

PATIENT: 6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armstead, Jerret  
DATE: 9/21/2009 2202  
MRN 1082807 CSN 61732439

DOB \_\_\_\_\_

Page 3 of 3

Procedure Notes

Diagnostic Test Results

Labs: \_\_\_\_\_

Preliminary Radiology: ☐ Normal ☐ Abnormal  
Results \_\_\_\_\_

ASA Status \_\_\_\_\_

## Repeat Exams/Assessments

Time		Time	

Consultant/Referring MD

Time called

Time responded

Notes

Diagnosis: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_  
Disposition: ☐ Home ☐ Admit ☐ Transfer to: \_\_\_\_\_

Condition at discharge: ☐ Good ☐ Fair ☐ Critical

Attending

I have reviewed the patient's history. It is noted that: \_\_\_\_\_

I find upon exam that: \_\_\_\_\_

SEE PAGE 1

Lab test results show \_\_\_\_\_ indicating a \_\_\_\_\_  
I confirm/revise the resident Doctor \_\_\_\_\_'s assessment as \_\_\_\_\_ and diagnosis of \_\_\_\_\_  
\_\_\_\_\_ and agree with the resident's plan of care as follows:  
\_\_\_\_\_. See resident's notes for details.

I directly supervised the following procedures: \_\_\_\_\_

Printed Name of Attending Physician FENG ☐ I have reviewed pages 1 - 3 of the Emergency Center Visit Documentation.

Signature of Attending \_\_\_\_\_ Date/Time \_\_\_\_\_

Care of the Patient was transferred to: \_\_\_\_\_ at \_\_\_\_\_ date/time. Initials \_\_\_\_\_

Signature of Attending \_\_\_\_\_ Date/Time \_\_\_\_\_

Key: ASA = American Society of Anesthesiologists; PEM = Pediatric Emergency Medicine; EMP = Emergency Medical Provider



1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

MED REC NO. \_\_\_\_\_ ACCT NO. \_\_\_\_\_

## PATIENT

6/2/2000 (9 yrs) Male

CA

C4  
Armstrong, Jerret

0/21/2009 2216

9/21/2009 2216  
MRN 1082807 CSN 61732439

DATE \_\_\_\_\_

**DOE**

☐ NKDA - No Known Drug Allergies

Height: \_\_\_\_\_ cm

Weight: 70 kg

**□ (Specify):**

**Surface Area:** \_\_\_\_\_ (m<sup>2</sup>)

**Dangerous Abbreviations - Do Not Use On Any Form**

**ALWAYS** place a zero in front of a decimal point - 0.5mg not .5mg  
**NEVER** place a zero after a decimal point - 5mg not 5.0mg

**NEVER** place a zero after a decimal point - 5mg not 5.0mg

**DATE AND TIME**

**Generic equivalent drugs may be used unless otherwise specified**

**Couples Remaining**

9	22	09
---	----	----

DC home der CPS

Follow up with Dr. Murphy on 10/19/09 @ 0830

Provide wound care sheet prior to 'Discharge

Tylenol 300mg PO q 4h prn pain  
Hib vaccine 200mg PO q 4h prn pain

1. Der Prozess ist ein Prozess, der die Produktion von...

9/2/09 1330 Alahina Huc

Changshu WTA-8NP

A. T. Morgan

K. (amin) RUCNP

Corcoran



PHYO

**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

## Physician Orders

MED REC NO. \_\_\_\_\_

ACCT NO. \_\_\_\_\_

PATIENT \_\_\_\_\_

6/2/2000 (9 yrs) Male

C4

Armstead, Jerret

9/21/2009 2216

MRN 1082807 CSN 61732439

DATE \_\_\_\_\_

DOB \_\_\_\_\_

☐ NKDA - No Known Drug Allergies Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg  
☐ (Specify): \_\_\_\_\_ Surface Area: \_\_\_\_\_ (m<sup>2</sup>)

**Dangerous Abbreviations - Do Not Use On Any Form**

HCL	MGS04	Os	Q.D.	ALWAYS place a zero in front of a decimal point - 0.5mg not .5mg NEVER place a zero after a decimal point - 5mg not 5.0mg
MS	MTX	IU	Q.O.D.	
	MS04	Per os	U or u	

DATE AND TIME	Generic equivalent drugs may be used unless otherwise specified	Copies Remaining
9/22/09 0050	Order clarification. Incentive spirometry Q1° x 10 breaths while awake Morphine 2mg IV Q2° prn pain Tylenol 300mg po Q4 hours prn pain T.D. Dr. Chen / Amber Datchison RN order readback verified Date 0054 aut. Amber Datchison RN	9-22-09
9/22/09 0930	12° chart ✓ Jm Paul Ruzick, RN	9-22-09
9/22/09 0814	DC Monitors Regular Diet REPORT consult	
9/22/09 0817	Supp Jm Paul Ruzick, RN K. Corcoran RN CNP Morgan	9-22-09
9/22/09 1230	HLV phase Dtap 0.5ml IM K. Corcoran RN CNP Morgan	9-22-09



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## CHILDREN'S MEDICAL CENTER DALLAS

1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

## Physician Orders

MED REC NO.

ACCT NO.

 6/2/2000 (9 yrs) Male  
 DALLAS MAIN EMERGENCY  
 Armstead, Jerret  
 9/21/2009 2202  
 MRN 1082807 CSN 61732439

DATE

DOB

☐ NKDA - No Known Drug Allergies

Height: \_\_\_\_\_ cm

Weight: 30 kg☐ (Specify): \_\_\_\_\_Surface Area: \_\_\_\_\_ (m<sup>2</sup>)**Dangerous Abbreviations - Do Not Use On Any Form**HCL  
MSMGS04  
MTX  
MS04Os  
IU  
Per osQ.D.  
Q.O.D.  
U or u
 ALWAYS place a zero in front of a decimal point - 0.5mg not .5mg  
 NEVER place a zero after a decimal point - 5mg not 5.0mg

DATE AND TIME

Generic equivalent drugs may be used unless otherwise specified

Copies  
Remaining

7/2/09 ADMS to HC Dr Murphy  
 J/P Dx Laparoscopy  
 D15 Clean Nurse to per Al Toleva  
 IV D5 1/2 NS + 20 KCL @ 70cc/h  
 MEDS: Morphine 2mg IV Q2° PRN  
 Tylenol 300mg PO Q6° PRN  
 13 K10 Q1°  
 Monitor Per AGE SPECIFIC LIMITS  
 HCL IV when Toleva PO

Eduardo Perez, MD

OK

 @  
 0037. cont.

 Post Anesthesia Recovery Orders  
 Reviewed

Date/Time 9/21/09, 0045

A. Panicker R.N.

CHILDREN'S MEDICAL  
CENTER DALLAS35 Medical District Drive Dallas, Texas 75235  
(214) 456-70006/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armstead, Jerret  
9/21/2009 2202  
MRN 1082807 CSN 61732439

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Form #Pilot

Rev. 1/2016

Anesthesiology

Post-Anesthesia Management Orders

Generic equivalent drugs may be used unless otherwise specified.

☒ NKA - No known Allergies Height: \_\_\_\_\_ cm Weight: 30 kg☐ Allergies (specify) \_\_\_\_\_☒ Routine vital signs ☒ EKG monitoring ☐ Extubation by registered nurse when patient meets extubation criteria  
Oxygen: Oxygen by mask, face tent, T-piece, blow by or nasal cannula, as needed, to maintain oxygen saturation above 94 %  
Pulse Oximetry: Please notify anesthesiologist of oxygen saturation by pulse oximeter less than 94 % on room air or oxygen

Oral Opioids: Once tolerating liquids by mouth (Please choose one oral opioid):

**NOTE: TOTAL ACETAMINOPHEN DOSE NOT TO EXCEED 15 mg / kg / 4 HOURS OR 90 mg / kg / day**

Hydrocodone and Acetaminophen dosing: 0.2 mg / kg / dose of hydrocodone

☐ Hydrocodone / Acetaminophen Elxir (2.5 mg / 167 mg / 5 mL) \_\_\_\_\_ mL(s) of elxir by mouth x 1 dose.☐ Hydrocodone / Acetaminophen (5 mg / 325 mg tablet) \_\_\_\_\_ tablet(s) hydrocodone by mouth x 1 dose.☐ Hydrocodone / Acetaminophen (10 mg / 325 mg tablet) \_\_\_\_\_ tablet(s) hydrocodone by mouth x 1 dose.

Oxycodone: 0.2 mg / kg / dose

☐ Oxycodone Elxir (5 mg / 5 mL) \_\_\_\_\_ mL by mouth x 1 dose.☐ Oxycodone 5 mg tablet \_\_\_\_\_ tablet(s) by mouth x 1 dose.

Antiemetics (Please choose one as needed for nausea or vomiting)

☐ Ondansetron (0.15 mg / kg / dose, maximum 4 mg) \_\_\_\_\_ mg intravenous slowly as needed x 1 dose.☐ Metoclopramide (0.1 - 0.2 mg / kg / dose, maximum 10 mg) \_\_\_\_\_ mg intravenous as needed x 1 dose.

Aerosol Treatments - As needed for wheezing or airway obstruction.

☐ Racemic Epinephrine (2.25% / 0.5 mL) \_\_\_\_\_ mL in \_\_\_\_\_ mL 0.9% Sodium Chloride x 1 dose for wheezing c airway obstruction.☐ Albuterol (2.5 mg / 0.5 mL) \_\_\_\_\_ mL in \_\_\_\_\_ mL 0.9% Sodium Chloride x 1 dose for wheezing.☐ Levalbuterol (0.63 mg / 3 mL) \_\_\_\_\_ mL in \_\_\_\_\_ mL 0.9% Sodium Chloride x 1 dose for wheezing.

Intravenous Opioids - For severe pain or pain not relieved by oral medications; or for pain when NPO or not tolerating c ar liquids.

(PLEASE Choose one):

☒ Morphine (0.05 - 0.1 mg / kg / dose) 2 mg intravenous every 5 minutes as needed; not to exceed 6 mg☐ Hydromorphone (0.015 mg / kg / dose) \_\_\_\_\_ mg intravenous every 5 minutes as needed; not to exceed \_\_\_\_\_ mg☐ Fentanyl (1 - 2 mcg / kg / dose) \_\_\_\_\_ mcg intravenous every 5 minutes not to exceed \_\_\_\_\_ mcg

For rigors:

☐ Meperidine (0.5 mg / kg) \_\_\_\_\_ mg intravenous up to 12.5 mg, may repeat x 1 as needed for rigors

Non-Opioids: (Do not order Ketorolac and ibuprofen to be given concurrently):

☐ Ketorolac (0.5 mg / kg / dose) \_\_\_\_\_ mg intravenous x 1 dose (Maximum dose: 30 mg. Hold NSAIDS for bleeding or hypotension.☐ Ibuprofen (5 - 10 mg / kg / dose) \_\_\_\_\_ mg by mouth x 1 dose. Hold NSAIDS for bleeding or hypotension.☒ Acetaminophen (10 - 15 mg / kg / dose, maximum dose 90 mg / kg / day) 300 mg by mouth / per rectum x 1 dose as needed for pain or temperature greater than 38.5° Celsius.

Intravenous fluid from surgery: rate \_\_\_\_\_ mL / hour. Follow with \_\_\_\_\_ at \_\_\_\_\_ mL / hour.

Discharge from PACU

☐ Discharge to Postop Holding when discharge score is 8 or greater met, or return to baseline.☒ Discharge to floor when discharge criteria score of 8 or greater met, or return to baseline.☐ Call when discharge score of 8 or greater met, or return to baseline, prior to discharge to floor or postop holding.

Signature / Title: \_\_\_\_\_

Date / Time: 7/2/09Print name: Jerret Armstead, MD

Discharge from Postop Holding

☐ Discharge to home when criteria score of 8 or greater met or return to baseline (ASA I and II only).☐ Call when discharge score of 9 or greater met, or return to baseline prior to discharge.☐ To be seen by ☐ this or ☐ any anesthesiologist before discharge.

Signature / Title: \_\_\_\_\_

Date / Time: \_\_\_\_\_

Print name: \_\_\_\_\_

☐ Patient evaluated by anesthesiologist, may be discharged home now

Signature / Title: \_\_\_\_\_

Date / Time: \_\_\_\_\_

Print name: \_\_\_\_\_

KEY: cm= centimeters; mg= milligrams; mcg= micrograms; mL= milliliters; kg= kilograms; hr= hour; NPO= nothing per mouth; NSAID= Non-Steroidal Anti-Inflammatory Drugs; VS= vital signs; Pt= patient; MD= medical doctor; PACU= post anesthesia care unit; IV= intravenous; Postop= post operative; ASA= American Society of Anesthesiologists





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**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

Emergency Center  
Critical Care Order

MED RE

PATIENT

DATE

DOB

6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armstead, Jerret  
9/21/2009 2202  
MRN 1082807 CSN 61732439

LOCATION

Chief Complaint

Stabbing

Room #

**LABORATORY**

- |                                |   |                                     |  |                          |
|--------------------------------|---|-------------------------------------|--|--------------------------|
| <input type="checkbox"/> CBC   | <input checked="" type="checkbox"/> Hgb/Hct | <input type="checkbox"/> PT/PTT     | <input type="checkbox"/> HCG blood     | <input type="checkbox"/> |
| <input type="checkbox"/> Lytes | <input type="checkbox"/> Bun                | <input type="checkbox"/> Fibrinogen | <input type="checkbox"/> HCG urine     | <input type="checkbox"/> |
| <input type="checkbox"/> Ca    | <input type="checkbox"/> CReatinine         | <input type="checkbox"/> D-dimer    | <input type="checkbox"/> Ethanol B     | <input type="checkbox"/> |
| <input type="checkbox"/> Phos  | <input type="checkbox"/> Amylase            | <input type="checkbox"/> ABG        | <input type="checkbox"/> Tox screen U  | <input type="checkbox"/> |
| <input type="checkbox"/> Mg    | <input type="checkbox"/> Lipase             | <input type="checkbox"/> VBG        | <input checked="" type="checkbox"/> UA | <input type="checkbox"/> |

**RADIOLOGY**

Note: All x-rays are portable unless otherwise specified

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Spine Cerv AP & Lat | <input type="checkbox"/> Pelvis 1VW     | <input type="checkbox"/> CT Head WO/CON           |
| <input type="checkbox"/> Spine Dorsal 1VW Thorac        | <input type="checkbox"/> Tib/Fib 2V L R | <input type="checkbox"/> CT Abd W/IV CON          |
| <input type="checkbox"/> Spine Lumbar 1VW               | <input type="checkbox"/> Femur 2V L R   | <input type="checkbox"/> CT Chest W/CON or WO/CON |
| <input checked="" type="checkbox"/> CXR 1VW             | <input type="checkbox"/> Humerus 2V L R | <input type="checkbox"/> CT Pelvis W/IV CON       |
| <input type="checkbox"/> ABD AP (KUB)                   | <input type="checkbox"/> Forearm 2V L R | <input type="checkbox"/>                          |
| <input type="checkbox"/>                                | <input type="checkbox"/>                | <input type="checkbox"/>                          |

**BLOOD ORDERS****Trauma Protocol**

- ☐ Type and Cross \_\_\_\_\_ units PRBCs

**Additional/Other Blood Products**

- ☐ Type and Screen
- ☐ Additional PRBCs
- ☐ Fresh Frozen Plasma \_\_\_\_\_ units \_\_\_\_\_ cc
- ☐ O negative blood \_\_\_\_\_ units \_\_\_\_\_ cc
- ☐ Platelets \_\_\_\_\_ units \_\_\_\_\_ cc

**Indication for PRBC and Whole Blood**

- ☐ Symptomatic Anemia or Hgb < 8gm/dl
- ☐ Perioperative preparation
- ☐ Acute Hemorrhage – abnormal VS
- ☐ Other \_\_\_\_\_

**SIGNATURES**

Signature/Title:

FENG

Verbal Order Taken for Dr.

Date/Time:

Verbal Order Taken by

Printed Name, Position, Date/Time



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**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

**Emergency Center  
Physician Orders**

MED REC NO. \_\_\_\_\_ ACCT NO. \_\_\_\_\_

PATIENT \_\_\_\_\_

DATE \_\_\_\_\_

DOB \_\_\_\_\_

6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armstead, Jerret  
9/21/2009 2202  
MRN 1082807 CSN 61732439

Page 1 2 3 4

☐ NKDA - No Known Drug Allergies ☐ (Specify): \_\_\_\_\_ Weight: 30 kg kg

Chief Complaint: \_\_\_\_\_ Initial Orders per Clinical Practice Guideline (CPG) \_\_\_\_\_

HUC Ordered	Lab Orders	Init./Time	HUC Ordered	Radiology Orders	Init./Time
	<input type="checkbox"/> CBC/DIFF <input type="checkbox"/> Retic Count <input type="checkbox"/> Electrolytes <input type="checkbox"/> Blood Culture <input type="checkbox"/> Serum Glucose <input type="checkbox"/> Bedside Glucose <input type="checkbox"/> Urine HCG <input type="checkbox"/> Urine Culture <input type="checkbox"/> Urine Dip Protocol <input type="checkbox"/> Urine Gram Stain if less than 3 months, and urine dip negative <input type="checkbox"/> Cerebral Spinal Fluid Per Protocol <input type="checkbox"/> <b>Ordered per CPG</b> Init. _____ Date/Time _____ MD Signature _____ Date/Time _____			<input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Abdomen X-Ray <input type="checkbox"/> Other X-Ray _____ <input type="checkbox"/> CT Head <input type="checkbox"/> CT Abdomen <input type="checkbox"/> Contrast <input type="checkbox"/> IV <input type="checkbox"/> Oral Justifying Complaint _____ MD Signature _____ Date/Time _____	

HUC Ordered	Date/Time	Additional Diagnostic and Therapeutic Orders	MD Signature	Init./Time
		<input type="checkbox"/> Topical Anesthetic as appropriate <input type="checkbox"/> Peripheral IV access		

## Medication Orders

Pharmacy Notified	Date/Time	Drug or IV Solution	Dose/Rate	Route	Interval Freq	MD Signature Print Name	Per CPG	Pharmacist Review	Given/Time
		Normal Saline Bolus as appropriate (10-20 cc/kg)							
	9/21/09 2205	Unasyn	1500 mg	IV	xT	<i>[Signature]</i> FENGLI		<i>[Signature]</i> 2242	
	↓	Flagyl	300 mg	IV	xT	<i>[Signature]</i> FENGLI		<i>[Signature]</i> 2242	
	9/21/09 2230	NS @ 70 cc/h		IV		<i>[Signature]</i> M. TC		<i>[Signature]</i> 2242	

Signature/Title \_\_\_\_\_ Initials \_\_\_\_\_

Signature/Title \_\_\_\_\_ Initials \_\_\_\_\_

Signature/Title \_\_\_\_\_ Initials \_\_\_\_\_

Signature/Title \_\_\_\_\_ Initials \_\_\_\_\_

Signature/Title \_\_\_\_\_ Initials \_\_\_\_\_

Signature/Title \_\_\_\_\_ Initials \_\_\_\_\_



TO

## CHILDREN'S MEDICAL CENTER DALLAS

1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

Emergency Center  
Trauma Documentation Form

MED REC NO.

PATIENT

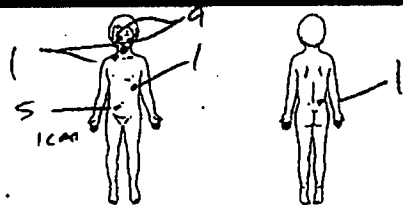
6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armstead, Jerret  
9/21/2009 2202  
MRN 1082807 CSN 61732439

DATE

DOB

6/2/00

Date	7/21/05	Arrival Time	2200	Room #	CC1	Age	8	Sex	F	PMH	φ																												
Weight	30 kg	Allergies	NKA	Medications	φ	Immunizations			<input type="checkbox"/> Up to date <input type="checkbox"/> Not Up to date <input type="checkbox"/> Unknown																														
<input checked="" type="checkbox"/> Trauma Stat	<input type="checkbox"/> Trauma Alert		<input type="checkbox"/> Trauma Consult		Time called 2200																																		
Team Member	Time Called	Time Arrived	Name	Team Member	Time Called	Time Arrived	Name																																
ED Attending	2200	2200	Fras	Orthopedics																																			
ED Resident				Neurosurgery																																			
Trauma Attending	2200	2200	Murphy	Plastics																																			
Trauma Resident	2200	2200	Peres	Child Life		2200	Adams																																
Trauma Resource Nurse	2200	2200	Wisinga	Social Work																																			
RCP			Tabarrok	Chaplain																																			
Uncrossmatched Blood																																							
Injury Data																																							
Time of injury 2200		Type: <input type="checkbox"/> Blunt <input checked="" type="checkbox"/> Penetrating <input type="checkbox"/> Crush <input type="checkbox"/> Burn																																					
Mechanism: <input type="checkbox"/> MVC <input type="checkbox"/> MPC <input type="checkbox"/> MCC <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Assault <input type="checkbox"/> Sports <input type="checkbox"/> Gunshot Wound <input type="checkbox"/> Stabbing <input type="checkbox"/> Burn		<input type="checkbox"/> Animal bite <input type="checkbox"/> Auto/Bike <input type="checkbox"/> Other																																					
Location in car: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Middle <input type="checkbox"/> Ejected <input type="checkbox"/> Unknown		Speed _____ mph																																					
Protective devices: <input type="checkbox"/> Helmet <input type="checkbox"/> Lap belt only <input type="checkbox"/> Lap / shoulder belt <input type="checkbox"/> Airbag <input type="checkbox"/> Child passenger seat		<input type="checkbox"/> Other																																					
Extent of damage																																							
Location: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> City street <input type="checkbox"/> Highway <input type="checkbox"/> Recreational area <input type="checkbox"/> Work <input type="checkbox"/> Other																																							
Brief description: <u>struck in a domestic disturbance</u>																																							
Pre-Hospital Management																																							
Scene: <input type="checkbox"/> Private car <input checked="" type="checkbox"/> Ground ambulance: City / Unit #: <u>DFD</u>		<input type="checkbox"/> Helicopter																																					
Transfer facility: _____		<input type="checkbox"/> ER <input type="checkbox"/> PICU <input type="checkbox"/> OR <input type="checkbox"/> Other																																					
Transferred via: <input type="checkbox"/> Ground <input type="checkbox"/> Helicopter		<input type="checkbox"/> Other																																					
EMS run sheet obtained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																							
Treatment Prior to Arrival						Trauma Score																																	
<input type="checkbox"/> None <input type="checkbox"/> C-collar <input type="checkbox"/> Spineboard <input type="checkbox"/> Lateral devices <input type="checkbox"/> KED <input type="checkbox"/> Other <input type="checkbox"/> O2 <input type="checkbox"/> Mask <input type="checkbox"/> Bag/Valve/Mask <input type="checkbox"/> Nasal airway <input type="checkbox"/> Oral airway <input type="checkbox"/> ETT (size) _____ @ _____ cm <input type="checkbox"/> Placement verified Splints: <input type="checkbox"/> RUE <input type="checkbox"/> LUE <input type="checkbox"/> RLE <input type="checkbox"/> LLE Dressings: _____						Pediatric Trauma Score Category Definitions <table border="1"> <thead> <tr> <th>Component</th> <th>+2</th> <th>+1</th> <th>-1</th> </tr> </thead> <tbody> <tr> <td>Size</td> <td>Child / Adolescent &gt;20kg</td> <td>Toddler, 10-20kg</td> <td>Infant, &lt;10kg</td> </tr> <tr> <td>Airway</td> <td>Normal</td> <td>Oral or nasal airway</td> <td>Intubated; ETT, EOA, Cricoid</td> </tr> <tr> <td>Conscious</td> <td>Awake</td> <td>Obtunded</td> <td>Coma, Unresponsive</td> </tr> <tr> <td>Systolic Blood Pressure</td> <td>&gt;90mm Hg; Good Peripheral Pulses, Perfusion</td> <td>50-90mm Hg; Pulses Palpable</td> <td>&lt;50 mmHg; Weak or No Pulses</td> </tr> <tr> <td>Fracture</td> <td>None Seen or Suspected</td> <td>Single, closed Fx anywhere</td> <td>Open, multiple Fx</td> </tr> <tr> <td>Cutaneous</td> <td>No visible injury</td> <td>Contusion, abrasion; lacerations &lt; 7cm; Not through fascia</td> <td>Tissue loss; any GSW/Stab; through fascia</td> </tr> </tbody> </table>						Component	+2	+1	-1	Size	Child / Adolescent >20kg	Toddler, 10-20kg	Infant, <10kg	Airway	Normal	Oral or nasal airway	Intubated; ETT, EOA, Cricoid	Conscious	Awake	Obtunded	Coma, Unresponsive	Systolic Blood Pressure	>90mm Hg; Good Peripheral Pulses, Perfusion	50-90mm Hg; Pulses Palpable	<50 mmHg; Weak or No Pulses	Fracture	None Seen or Suspected	Single, closed Fx anywhere	Open, multiple Fx	Cutaneous	No visible injury	Contusion, abrasion; lacerations < 7cm; Not through fascia	Tissue loss; any GSW/Stab; through fascia
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Medications: _____ Time: _____ _____ Time: _____ _____ Time: _____						GCS Conversion Scale 13 - 15 = 4 9 - 12 = 3 6 - 8 = 2 4 - 5 = 1 0 - 3 = 0																																	
IV #1: Site <u>Chad</u> Gauge <u>20g</u> Fluid: <u>NS</u> Infused: _____ IV #2: Site _____ Gauge: _____ Fluid: _____ Infused: _____ Hx LOC: <input type="checkbox"/> Yes _____ duration <input type="checkbox"/> No <input type="checkbox"/> Unknown Hx Hypotension: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Hx Cardiac Arrest: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Compression: <input type="checkbox"/> Yes _____ duration <input type="checkbox"/> No						Revised Trauma Score = Pediatric Trauma Score + Converted GCS <u>9 + 4 = 13</u> Revised Trauma Score on arrival																																	

Primary Assessment		Intervention	Reassessment Following Intervention											
<b>Airway:</b> <input type="checkbox"/> Patent <input type="checkbox"/> Partial Obstruction <input type="checkbox"/> Obstructed <b>Causes:</b> <input type="checkbox"/> Blood <input type="checkbox"/> Emesis <input type="checkbox"/> Debris <input type="checkbox"/> Secretions <input type="checkbox"/> Deformity <input type="checkbox"/> Position		<input type="checkbox"/> Manual opening airway <input type="checkbox"/> Suction <input type="checkbox"/> Oral Airway Size _____ Time _____ <input type="checkbox"/> Nasal Airway Size _____ Time _____ Right/Left <input type="checkbox"/> C-spine@ _____ Backboard@ _____ <input type="checkbox"/> Lateral devices@ _____	<b>Airway:</b> <input type="checkbox"/> Patent <input type="checkbox"/> Partial Obstruction <input type="checkbox"/> Obstructed <b>Causes:</b> <input type="checkbox"/> Blood <input type="checkbox"/> Emesis <input type="checkbox"/> Debris <input type="checkbox"/> Secretions <input type="checkbox"/> Deformity <input type="checkbox"/> Position											
<b>Breathing:</b> <input type="checkbox"/> Spontaneous <input type="checkbox"/> Assisted <input type="checkbox"/> Absent <b>Breath sounds:</b> <input type="checkbox"/> Clear and Equal Bilateral <input type="checkbox"/> Rales / Rhonchi <input type="checkbox"/> Wheeze <input type="checkbox"/> Diminished Right / Left <input type="checkbox"/> Absent Right / Left <b>Effort:</b> <input type="checkbox"/> Non-labored <input type="checkbox"/> Shallow <input type="checkbox"/> Deep <input type="checkbox"/> Retractions <input type="checkbox"/> Paradoxical <input type="checkbox"/> Labored <b>Trachea:</b> <input type="checkbox"/> Midline position <input type="checkbox"/> Deviation Right / Left		<input type="checkbox"/> Oxygen via _____ @ _____ lpm <input type="checkbox"/> Bag/Valve/Mask <input type="checkbox"/> ETT: Size _____ Time _____ By _____ <input type="checkbox"/> Taped@ _____ cm, <input type="checkbox"/> Lip <input type="checkbox"/> Teeth <input type="checkbox"/> See intubation record <input type="checkbox"/> CXR: Time Called _____ Time Done _____ <input type="checkbox"/> Chest tube #1 Size _____ Site _____ Time _____ <input type="checkbox"/> Chest tube #2 Size _____ Site _____ Time _____	<b>Breathing:</b> <input type="checkbox"/> Spontaneous <input type="checkbox"/> Assisted <input type="checkbox"/> Absent <b>Breath sounds:</b> <input type="checkbox"/> Clear and Equal Bilateral <input type="checkbox"/> Rales / Rhonchi <input type="checkbox"/> Wheeze <input type="checkbox"/> Diminished Right / Left <input type="checkbox"/> Absent Right / Left <b>Effort:</b> <input type="checkbox"/> Non-labored <input type="checkbox"/> Shallow <input type="checkbox"/> Deep <input type="checkbox"/> Retractions <input type="checkbox"/> Paradoxical <input type="checkbox"/> Labored <b>Trachea:</b> <input type="checkbox"/> Midline position <input type="checkbox"/> Deviation Right / Left											
<b>Circulation:</b> <input type="checkbox"/> Central pulses: <input type="checkbox"/> Present <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Skin color: <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Mottled <input type="checkbox"/> Dusky <input type="checkbox"/> Cyanotic <b>Skin Temp:</b> <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Moist <b>Capillary Refill:</b> <input type="checkbox"/> <2 seconds <input type="checkbox"/> Delayed _____ seconds		<input type="checkbox"/> Compressions started _____ See CPR record <input type="checkbox"/> IV/Intraosseous Site _____ Size _____ By _____ Time _____ Site _____ Size _____ By _____ Time _____ Site _____ Size _____ By _____ Time _____ Site _____ Size _____ By _____ Time _____ <input type="checkbox"/> Fluid warmer used <input type="checkbox"/> Pre-hospital fluids changed to warm fluids	<b>Circulation:</b> <input type="checkbox"/> Central pulses: <input type="checkbox"/> Present <input type="checkbox"/> Bounding <input type="checkbox"/> Weak <input type="checkbox"/> Absent <input type="checkbox"/> Skin color: <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Mottled <input type="checkbox"/> Dusky <input type="checkbox"/> Cyanotic <b>Skin Temp:</b> <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Moist <b>Capillary Refill:</b> <input type="checkbox"/> <2 seconds <input type="checkbox"/> Delayed _____ seconds											
<b>Disability / Neurological:</b> <input type="checkbox"/> Awake <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive <b>Extremity movement:</b> <input type="checkbox"/> Spontaneous <input type="checkbox"/> Equal <input type="checkbox"/> Flaccid		<input type="checkbox"/> CT time notified _____ <input type="checkbox"/> Head of bed elevated _____ degrees <input type="checkbox"/> Head midline	<b>Disability / Neurological:</b> <input type="checkbox"/> Awake <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive <b>Extremity movement:</b> <input type="checkbox"/> Spontaneous <input type="checkbox"/> Equal <input type="checkbox"/> Flaccid											
Secondary Assessment														
<b>Exposure:</b> <input type="checkbox"/> Patient undressed <b>Warming measures:</b> <input type="checkbox"/> Warmed Blankets <input type="checkbox"/> Warmed IVF <input type="checkbox"/> Bair Hugger <input type="checkbox"/> Trans Warmer		<b>Abdomen:</b> <input type="checkbox"/> No injury noted <input type="checkbox"/> Abdomen soft <input type="checkbox"/> Bleeding <input type="checkbox"/> Laceration <input checked="" type="checkbox"/> Penetrating Injury <input type="checkbox"/> Abrasion/Contusion <input type="checkbox"/> Distended <input type="checkbox"/> Tender <input type="checkbox"/> Bowel sounds present/absent		<b>Posterior:</b> Time patient logrolled <u>2:20</u> <input type="checkbox"/> No injury noted <input type="checkbox"/> Posterior assessed <input type="checkbox"/> Patient undressed <input type="checkbox"/> Laceration <input type="checkbox"/> Abrasion <input type="checkbox"/> Swelling <input type="checkbox"/> Tenderness <input type="checkbox"/> Unable to assess posterior										
<b>Head:</b> <input type="checkbox"/> No injury noted <input type="checkbox"/> Bleeding <input type="checkbox"/> Laceration <input type="checkbox"/> Swelling <input type="checkbox"/> Deformity <input type="checkbox"/> Abrasion/Contusion		<b>Pelvis:</b> <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Crepitus <input type="checkbox"/> Bruising Right/Left		<b>Other interventions:</b> <input checked="" type="checkbox"/> Cardiac monitor <input checked="" type="checkbox"/> Pulse Ox <input checked="" type="checkbox"/> NIBP <input type="checkbox"/> Foley Size _____ By _____ Time _____										
<b>Facial:</b> <input type="checkbox"/> No injury noted <input type="checkbox"/> Mid face stable/symmetrical <input type="checkbox"/> Bleeding <input type="checkbox"/> Laceration <input type="checkbox"/> Swelling <input type="checkbox"/> Deformity <input checked="" type="checkbox"/> Abrasion/Contusion <input type="checkbox"/> Rhinorrhea		<b>Genitalia:</b> <input checked="" type="checkbox"/> No injury noted <input type="checkbox"/> Intact <input type="checkbox"/> Rash <input type="checkbox"/> Bleeding <input type="checkbox"/> Tender <input type="checkbox"/> Swelling <input type="checkbox"/> Bruising <input type="checkbox"/> LMP _____		<input type="checkbox"/> Gastric Tube <input type="checkbox"/> Nasal Airway Size _____ By _____ Time _____ <input type="checkbox"/> Oral Airway Size _____ By _____ Time _____ <input type="checkbox"/> Placement verified										
<b>Ears:</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Hemotympanum <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Otorrhea <input type="checkbox"/> Right <input type="checkbox"/> Left		<b>Rectal:</b> <input checked="" type="checkbox"/> Good tone <input type="checkbox"/> Deferred <input type="checkbox"/> Absent tone <input type="checkbox"/> Guaiac +/-		<b>Indicate Areas of Injury</b> 										
<b>Neck:</b> <input type="checkbox"/> No injury noted <input type="checkbox"/> Bleeding <input type="checkbox"/> Laceration <input type="checkbox"/> Swelling <input type="checkbox"/> Jugular venous distension <u>Abrasion</u>		<b>Extremities:</b> No injury noted Neurovascular intact Pain Contusion/Abrasion Swelling Laceration Deformity Open Fracture Distal Pulses: 0=Absent, 1=Weak, 2=Normal, 3=Bounding RA <u>2</u> LA <u>2</u> RL <u>2</u> LL <u>2</u>		1. Abrasion 6. Ecchymosis 11. Rash 2. Amputation 7. Fracture 12. Treadmarks 3. Avulsion 8. Penetration 13. Swelling 4. Burn 9. Hematoma 14. Impaled Object 5. Laceration 10. Contusion 15. Pain										
IV Solutions														
<b>Type</b> <b>Location</b> <u>W5</u>		<b>Type</b> <b>Location</b>		<b>Type</b> <b>Location</b>										
Time	Rate	Pt.	Total	Initials	Time	Rate	Pt.	Total	Initials	Time	Rate	Pt.	Total	Initials
2200	70	-	-	3										
6/2/2000 (9 yrs) Male C4 Armstead, Jerret 9/21/2009 2216 MRN 1082807 CSN 61732439														



TD

**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Medical District Drive • Dallas, Texas 75235 • (214) 456-7000

**Emergency Center  
Trauma Documentation Form**

MED REC NO.

ACCT NO.

PATIENT

6/2/2000 (9 yrs) Male  
DALLAS MAIN EMERGENCY  
Armistead, Jerret  
9/21/2009 2202  
MRN 1082807 CSN 61732439

DATE

DOB

Labs				Radiology				Intake		
Test	Time Drawn	Time Result	Results	Test	Notified	Time To	Completed	Time	Amount	Initials
T&C for units				Cervical						
				Thoracic						
Hemocue	2205	2205	12.5	Lumbar						
CBC				CXR	2215	2225	2225			
PT/PTT				Abdomen						
Lytes				RUE						
D-stick				LUE						
Urine dip				RLL						
HCG				LLL						
Amylase				CT-Head						
Lipase				CT-Chest						
				CT-Abdomen						
				CT-Other						

Medications						Output						
Time	Medication	Dose	Route	Order	Initials 1	Initials 2	Time	Urine	Blood	Gastric	Other	Initials
2235	Valium	1500	IV	✓	✓							

	Time	Arrival	2230
Eyes	4 - Spontaneous	✓	✓
	3 - To speech		
	2 - To pain		
	1 - No response		
Verbal	5 - Oriented	✓	✓
	4 - Disoriented		
	3 - Inappropriate		
	2 - Moans/Grunts		
Motor	1 - No response		
	6 - Spontaneous	✓	✓
	5 - Localizes		
	4 - Flexion		
	3 - Decorticate		
	2 - Decerbrate		
	1 - No response		
	Total	15	13
Right pupil/reaction	4/5	4/5	
Left pupil/reaction	4/5	4/5	
Blood pressure	120/75	115/74	
Pulse	94	94	
Respiration	20	20	
Temperature	36.7		
O2 saturation	100	100	
ETCO2			
Capillary refill (B=brisk, 2 second)	13	13	
Oxygen FiO2/lpm	RA	RA	
Color	0	0	
Neurovascular Status intact			
Pain Scale	Score	0	0
Initials	3	2	





**Patient Care Report****Dallas Fire-Rescue Department**  
**Emergency Medical Service****Incident Number:** 2009177638**Date of Service:** 09/21/2009 21:22:40**Chief Complaint:** Other: STABBING**Unit/Crew:** 749 - Charles Jones cj6125, Anthony

Leftridge 520390

**Patient Information****Last Name:** ARMSTEAD**First Name:**  
JERRET**MI:****DOB:**  
06/02/2000**Age:** 9**Sex:** Male**Race:** Black**Phone:** (214) 375-1688**SSN:** UTO**DL#:****Height:****Address:** 3848 MORNING SPRINGS  
TRL**City:** Dallas**State:** Texas**Zip:** 75241**County:**  
Dallas**Weight:****Insurance:****Patient Medications:** UK | |**Patient Allergies:** Medications - NKDA**Patient History:** Cardio - ADHD**Patient Symptoms:**6/2/2000 (9 yrs) Male  
C4  
Armstead, Jerret  
9/21/2009 2216  
MRN 1082807 CSN 61732439**Patient Assessment****Assessment:** Airway - Clear Breathing - Normal Circulation - Normal CRT - 2 Seconds or Less Skin -

Normal Neuro AVPU - Alert Orientation: x4 Neuro Motor - Moves All Extremities Neuro Sensory - Intact

Neuro Speech - Normal Eyes - PERRL

**GCS:** Motor - 6 - Obeys Commands Verbal - 5 - Oriented Eye - 4 - Spontaneously Total - 15**Injury:** Onset Provocation - Quality - Radiation - Time -**Vitals**

Time	HR	RR	BPSys	BPDia	SPO2	ETCO2	Glucose	Temp	Position	EKG	DoneBy
21:47	91	26	118	85							
21:54	84	24	122	83							

**Treatments**

Time	Treatment	Details
21:48:38	IV	Side: Left Site: Hand Successful: Yes Attempts: 1 Size (gauge): 20 Type: Normal Saline 1000 Rate: TKO Performed By: Jones, Charles

**Protocols**

Time	Protocol
------	----------

**Comments****Narrative:** PT FOUND AT SCENE OF DOUBLE MURDER STATES THAT MOM'S HUSBAND WAS TRYING TO KILL HIM ALSO BUT USED WRONG SIDE OF KNIFE. PT HAS 1" LAC TO RIGHT LOWER QUADRANT, ABRASION TO RIGHT SHOULDER AREA SCRATCH TO NECK, BRUISE TO RIGHT CHEEK AREA. VSS. ABD SOFT NON TENDER, NO DISTENTION NOTED. NO ADDITIONAL INJURIES OBSERVED BY EMS. PT IS ABLE TO DESCRIBE IN DETAIL THE EVENTS OF EVENING. BROTHER ACCOMPANY TO HOSPITAL. HE HAS NO INJURIES.**Incident Information****Location:** 3848 MORNING SPRINGS TRL, DallasTexas**Type:****Outcome:** Patient Transported ALS


TPREC

9/21/2009 22:01:47 PM



**Destination:** Childrens Medical Center of Dallas, 1935 Motor St, Dallas, Texas, 75235 , 214-456-2774**Call Times**

Dispatched	EnRoute	At Scene	At Patient	Depart Scene	Destination	Transfer Care	Unit Clear
21:26:01	21:27:33	21:32:09	21:34:00	21:46:07	21:58:06	22:00:46	

**Signatures**

Nurse



Medic/EMT - Jones, Charles



TPREC

6/2/2000 (9 yrs) Male  
C4  
Armstead, Jerret  
9/21/2009 22:16  
MRN 1082807 CSN 61732439



VCF

CONSENT

**CHILDREN'S MEDICAL CENTER DALLAS**  
1935 Motor Street • Dallas, Texas 75235 • (214) 458-7000

**VACCINE(S) CONSENT FORM**

MED REC NO. \_\_\_\_\_ ACCT NO. \_\_\_\_\_

PATIENT 6/2/2000 (9 yrs) Male  
C4  
Armstead, Jerret  
DATE 9/21/2009 2216  
MRN 1082807 CSN 61732439

DOB \_\_\_\_\_

Vaccine	Number	Site
<input type="checkbox"/> HBV	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> DTaP/HepB/IPV	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input checked="" type="checkbox"/> DTaP	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input checked="" type="checkbox"/> RUE <input checked="" type="checkbox"/> LUE
<input type="checkbox"/> HIB	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> HIB/HBV	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> DTaP/HIB	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> IPV	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> Pneumococcal (PPV23)	<input type="checkbox"/> #1	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> Pneumococcal Conjugate (PCV7)	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> Meningococcal Conjugate (MCV4)	<input type="checkbox"/> #1	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> MMR	<input type="checkbox"/> #1 <input type="checkbox"/> #2	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> VZV	<input type="checkbox"/> #1 <input type="checkbox"/> #2	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> HAV	<input type="checkbox"/> #1 <input type="checkbox"/> #2	<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> DT		<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> Td		<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> Influenza		<input type="checkbox"/> RLE <input type="checkbox"/> LLE <input type="checkbox"/> RUE <input type="checkbox"/> LUE
<input type="checkbox"/> Other _____		

I have read, or have had explained to me, information about the diseases and the vaccines to be administered. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) be given to the person named above for whom I am authorized to make this request.

Yo e leído, o me han explicado, información acerca de las enfermedades y vacunas que serán administradas. Yo e tenido la oportunidad de hacer preguntas que fueron contestadas a mi satisfacción. Yo entiendo los beneficios y riesgos de las vacunas marcadas, y pido que la(s) vacuna(s) sean administradas solo a la persona arrojada arriba por quien tengo la autoridad para pedir.

Signature/Firma

*Margaret Brooks*

Date/Fecha

9/22/09

**Consent for Release of Immunization Records to Authorized Entities**

I authorize the Texas Department of Health's Immunization Registry to release past, present, and future immunization records on my child to a parent of the child and any of the following:

- |                             |  |
|-----------------------------|--|
| A) public health district;  | D) school in which the child is enrolled; and/or       |
| B) local health department; | E) child care facility in which the child is enrolled. |
| C) physician to the child;  |  |

I understand that I may withdraw the consent to place information on my child in the immunization registry and my consent to release information from the registry at any time by written communication to the Texas Department of Health, Immunization Registry, 1100 W. 49th Street, Austin, Texas, 78756.

**Consentimiento para poner los récords de inmunización a disposición de las entidades autorizadas**

Autorizo al Registro de Inmunizaciones del Departamento de Salud de Texas para que disemine cualquier información pasada, presente y futura sobre las inmunizaciones de mi hijo/hija a uno de los padres del niño/niña o a cualquiera de las siguientes personas o agencias:

- |                                |  |
|--------------------------------|--|
| A) distrito de salud pública   | D) escuela en que está inscrito el niño/niña   |
| B) departamento de salud local | E) guardería en que está inscrito el niño/niña |
| C) médico del niño/niña        |  |

Entiendo que puedo retirar mi autorización para poner la información sobre mi hijo/hija en el registro de inmunizaciones, y que puedo retirar mi autorización para diseminar información del registro en cualquier momento escribiendo al Texas Department of Health, Immunization Registry, 1100 W. 49th Street, Austin, Texas, 78756.

☐ Yes/Si☐ No

Signature/Firma

Date/Fecha

CMC82500-030 (#2935 06/05)



TRIAGE

**CHILDREN'S MEDICAL CENTER OF DALLAS**  
 1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000  
**EMERGENCY REFERRAL CENTER**  
**TRIAGE RECORD**

MED REC 1082807 25040718  
 PATIENT ARMSTEAD, JERRET  
 03/04/01 TRI  
 DATE 06/02/00 D T I  
 DOB 6-2-00 1121

TRIAGE ASSESSMENT																																											
Triage Time <u>1125</u>		Date _____																																									
<b>Triage Level</b> / <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <b>Disposition</b> <input type="checkbox"/> Emergency Center <input type="checkbox"/> Quick Care <input type="checkbox"/> Parkland Fasttrack Clinic <b>Exposures</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Trauma patient.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, to what?</b> <b>English speaking.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Arrival Mode</b> <u>3</u> <b>PERTINENT PHYSICAL ASSESSMENT</b> <b>Pertinent vital signs</b> <u>36.8°</u> <b>Temp</b> <u>130</u> <b>Respiratory</b> <u>32</u> <b>Pulse</b> <u>130</u> <b>wt</b> _____																																									
<b>Chief complaint / Present illness</b> <u>U/D x1 day</u>		<b>MENTAL STATE</b> <input type="checkbox"/> Alert, responsive <input type="checkbox"/> Combative <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Sleeping, easily aroused <input type="checkbox"/> Lethargic <input type="checkbox"/> Crying, consolable <input type="checkbox"/> Unresponsive <b>RESPIRATORY</b> <input checked="" type="checkbox"/> Nonlabored <input type="checkbox"/> Grunting <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Shallow <input type="checkbox"/> Flaring <input type="checkbox"/> Rales/Rhonchi <input type="checkbox"/> Deep <u>UAC</u> <input type="checkbox"/> Stridor <input type="checkbox"/> Diminished <input type="checkbox"/> Labored <input type="checkbox"/> Retraction <input type="checkbox"/> Wheezing <b>COLOR</b> <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Mottled <input type="checkbox"/> Cyanotic <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced																																									
<b>Past medical / Surgical history</b> <u>Typhoid fever (1wk ago)</u> <u>Low RN</u>		<b>SKIN TEMPERATURE</b> <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Warm <input type="checkbox"/> Clammy <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <b>MUCOUS MEMBRANES</b> <input type="checkbox"/> Moist <input type="checkbox"/> Pale <input type="checkbox"/> Sticky <input type="checkbox"/> Pink <input type="checkbox"/> Dry <input type="checkbox"/> Dusky <b>PERIPH CAP REFILL</b> <input type="checkbox"/> < 2 seconds <input type="checkbox"/> Delayed _____ seconds <b>ABDOMEN</b> <input checked="" type="checkbox"/> Soft <input type="checkbox"/> Nondistended <input checked="" type="checkbox"/> Nontender <input type="checkbox"/> Distended <input type="checkbox"/> Tender <input type="checkbox"/> Rigid																																									
RN Signature _____ Date _____																																											
PRIMARY ASSESSMENT																																											
Time in room _____		Assessment time _____																																									
<b>Physical assessment</b> <b>Temp</b> _____ <b>Resp</b> _____ <b>Pulse</b> _____ <b>BP</b> _____		<b>MENTAL STATE</b> <input type="checkbox"/> Alert, responsive <input type="checkbox"/> Combative <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Sleeping, easily aroused <input type="checkbox"/> Lethargic <input type="checkbox"/> Crying, consolable <input type="checkbox"/> Unresponsive																																									
<b>Immunizations up to date</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK <b>Immunizations resources given</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Primary M.D. / Clinic</b> <u>Longshaw</u> <b>Referring M.D.</b> _____ <b>Allergies:</b> <u>NKDA</u> <b>LNMP:</b> _____ <b>Informant</b> _____ <b>Informant relation to patient</b> _____		<b>SKIN TEMPERATURE</b> <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Warm <input type="checkbox"/> Clammy <input type="checkbox"/> Hot <input type="checkbox"/> Diaphoretic <b>MUCOUS MEMBRANES</b> <input type="checkbox"/> Moist <input type="checkbox"/> Pale <input type="checkbox"/> Sticky <input type="checkbox"/> Pink <input type="checkbox"/> Dry <input type="checkbox"/> Dusky <b>PERIPH CAP REFILL</b> <input type="checkbox"/> < 2 seconds <input type="checkbox"/> Delayed _____ seconds <b>ABDOMEN</b> <input type="checkbox"/> Soft <input type="checkbox"/> Nondistended <input type="checkbox"/> Nontender <input type="checkbox"/> Distended <input type="checkbox"/> Tender <input type="checkbox"/> Rigid <b>RESPIRATORY</b> <input type="checkbox"/> Nonlabored <input type="checkbox"/> Grunting <input type="checkbox"/> Shallow <input type="checkbox"/> Flaring <input type="checkbox"/> Deep <input type="checkbox"/> Stridor <input type="checkbox"/> Labored <input type="checkbox"/> Retraction <input type="checkbox"/> Clear <input type="checkbox"/> Diminished <input type="checkbox"/> Rales/Rhonchi <input type="checkbox"/> Wheezing <b>COLOR</b> <input type="checkbox"/> Pink <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Mottled <input type="checkbox"/> Jaundiced																																									
<b>Current medications</b> <u>Augmentin</u> <u>Pediacare</u>		<b>PEDIATRIC COMA SCALE</b> <table border="1"> <thead> <tr> <th>Time</th> <th>Arrival</th> </tr> </thead> <tbody> <tr> <td>4 Spontaneous</td> <td></td> </tr> <tr> <td>3 To Speech</td> <td></td> </tr> <tr> <td>2 To Pain</td> <td></td> </tr> <tr> <td>1 No Response</td> <td></td> </tr> <tr> <td>5 Oriented / Babbling / Smiles</td> <td></td> </tr> <tr> <td>4 Disoriented / Inappropriate Cries</td> <td></td> </tr> <tr> <td>3 Inappr Words / Persis Screams</td> <td></td> </tr> <tr> <td>2 Incomprehensible Sounds / Grunts / Moan</td> <td></td> </tr> <tr> <td>1 No Response</td> <td></td> </tr> <tr> <td>6 Obeys / Norm / Spont</td> <td></td> </tr> <tr> <td>5 Localizes Pain / Pushes Away</td> <td></td> </tr> <tr> <td>4 Flexion / Withdrawal</td> <td></td> </tr> <tr> <td>3 Flexion (Posturing) / Decorticate</td> <td></td> </tr> <tr> <td>2 Extension (Posturing) / Decerebrate</td> <td></td> </tr> <tr> <td>1 No Response</td> <td></td> </tr> <tr> <td>R= Paralyzed / Intubated</td> <td></td> </tr> <tr> <td colspan="2"><b>ADD TOTAL SCORE / TOTAL</b></td> </tr> <tr> <td colspan="2"><b>LEFT PUPIL SIZE / REACTION</b></td> </tr> <tr> <td colspan="2"><b>RIGHT PUPIL SIZE / REACTION</b></td> </tr> </tbody> </table>		Time	Arrival	4 Spontaneous		3 To Speech		2 To Pain		1 No Response		5 Oriented / Babbling / Smiles		4 Disoriented / Inappropriate Cries		3 Inappr Words / Persis Screams		2 Incomprehensible Sounds / Grunts / Moan		1 No Response		6 Obeys / Norm / Spont		5 Localizes Pain / Pushes Away		4 Flexion / Withdrawal		3 Flexion (Posturing) / Decorticate		2 Extension (Posturing) / Decerebrate		1 No Response		R= Paralyzed / Intubated		<b>ADD TOTAL SCORE / TOTAL</b>		<b>LEFT PUPIL SIZE / REACTION</b>		<b>RIGHT PUPIL SIZE / REACTION</b>	
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<b>Translation Services</b> RN Signature _____ Date _____		<b>Additional Notes:</b> <u>Plg 10/10</u> <u>X 2 breaths (w/100)</u> <u>Did not want to wait</u> <u>Mary Springer</u> <u>Team Leader</u>																																									



REG1019

**CHILDREN'S MEDICAL CENTER OF DALLAS**  
1835 Motor Street Dallas, Texas 75235 • (214) 456-7000

**REGISTRATION / ADMISSION AGREEMENT**

MED REC NO \_\_\_\_\_

PATIENT \_\_\_\_\_

DATE \_\_\_\_\_

DOB \_\_\_\_\_

1082807  
ARMSTEAD  
12/24/00  
06/02/00 D

24392151  
JERRET  
EQC  
T

PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION

**I Consent for Care and Treatment**

I hereby acknowledge that I/my child/my ward needs medical care and treatment. I voluntarily consent to the performance of hospital services and the use of all means of diagnostic and laboratory work of any kind (including but not limited to the taking of blood, tissue fluids and other body samples, pictures and videotapes, x-ray or other radiographic procedures) upon myself/my child/my ward, which are deemed necessary or prudent by my/my child/my ward's attending physician or any other member of the medical staff of Children's caring for me/my child/my ward. I understand that Children's functions in part as a teaching institution and I hereby acknowledge and consent to the use of myself/my child/my ward and related records, laboratory work or specimens and diagnostic results to be used from time to time for instructional purposes at the sole discretion of Children's.

**II Assignment of Benefits/Insurance Requirements**

In consideration of services rendered or to be rendered, I hereby irrevocably assign and transfer to the hospital all right, title and interest in all benefits/moneys payable for services/supplies rendered, including but not limited to group medical/indemnity/self-insured/ERISA benefits/coverage, PIP, UIM/UIM auto/homeowner insurance, and in all causes of action against any party or entity that may be responsible for payment of benefits/moneys regardless of whether or not I ultimately settle my claim with a non-admission of liability provision. I fully understand that in the event the hospital files a claim on my behalf that the same does not impose any contractual obligation or otherwise upon the hospital and that I remain fully responsible for instituting suit within the applicable statute of limitations regardless of the assignment of causes of action. I authorize the hospital to appeal any denial under my appeal rights provision. It is hereby agreed and understood that any condition precedent, subsequent or otherwise, including but not limited to, pre-certification, pre-authorization, or second opinions shall remain the sole responsibility of patient and/or the patient's family, legal guardian, representative or agent. I, further, understand that failure to pre-certify could result in reduced payments from patient's insurance company leaving the undersigned financially responsible for the non-reimbursed portion of patient's bill. It is further agreed and understood that the obtaining of verification of benefits and/or pre-certification does not in any form or fashion relieve patient or patient's family, other individual or entity signing on behalf of patient of any liability for the financial responsibility for goods and services provided or to be provided to patient by the hospital and any physician. I fully understand and agree that hospital shall be entitled to full payment where a third-party accident is involved notwithstanding any benefits payable by a managed care payer on my behalf as third-party bears primary responsibility.

**III Financial Responsibility**

In consideration of services rendered or to be rendered to patient, the undersigned, whether he/she is the patient, patient's relative, patient's legal guardian, representative, agent, other individual or entity hereby obligates himself/herself individually to the hospital, physicians, including surgeons, radiologists, pathologists, anesthesiologist and consultants involved in patient's care and agrees to pay for any and all charges and expenses incurred or to be incurred. It is agreed and understood that regardless of any and all assigned benefits/moneys, I, as the designated responsible party, am responsible for the total charges for services rendered and I further agree that all amounts are due upon request and are payable to the hospital, and the appropriate physicians, including surgeons, radiologists, pathologists, anesthesiologist and consultants involved in patient's care and agree to pay for any and all charges and expenses incurred or to be incurred. It is further agreed and understood that should this account become delinquent and it becomes necessary for the account to be referred to an attorney or collection agency for collection or suit, I, as the designated responsible party or entity, shall pay all patient charges, reasonable attorney's fees and collection expenses. I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt.

**IV Patients eighteen (18) years of age and older. Legal Guardians of Incompetent Adults and Emancipated Minors ONLY. I have received information regarding Advance Directives and the hospital's policies related to them.**

I have executed the following document(s):

Medical Power of Attorney

Directive to Physicians

Declaration for Mental Health Treatment

Out Of Hospital - Do Not Resuscitate Order

Copy filed in Medical Records by \_\_\_\_\_

Copy filed in Medical Records by \_\_\_\_\_

Copy filed in Medical Records by \_\_\_\_\_

Copy filed in Medical Records by \_\_\_\_\_

**V Authorization to Appeal**

I hereby authorize the hospital to appeal on my behalf any of my claim(s) with Wal-Mart, if applicable, Blue Cross and Blue Shield, if applicable, Humana, if applicable, and/or any payor which denies and/or delays payment of my claim(s). I, further, authorize that the payors listed herein and any other payors, release any and all information requested and/or related to my claim(s) to the hospital and/or its attorneys. This authorization is irrevocable upon execution by me hereinbelow and any appeal brought by the hospital shall be as if it was brought by me personally.

**VI Assignment of Cause of Action and Benefits**

I, for good and valuable consideration receipt of which is hereby acknowledged, assign and transfer, irrevocably, to the hospital any and all claims, demands, suits, remedies, guarantees, liens and/or causes of action at law or in equity, either in contract or in tort, statutory or otherwise, as well as any other claim, in whole or in part, which I may now have or may hereafter hold or possess, known or unknown, on account of growing out of, relating to or concerning whether directly or indirectly, proximately or remotely, any acts, omissions, events, transactions or occurrences that have occurred or failed to occur, which resulted in my/my child/my ward's injuries for which the hospital has provided and/or will provide medical goods and services to me. This Assignment of Cause of Action and Benefits shall be effective against any and all parties or entities that may bear or appear to bear liability for my injuries, including but not limited to, my/my child/my ward's employer, its direct and indirect subsidiaries, all of its officers, directors, agents, servants, successors, assigns and employees. I, further, assign and transfer to the hospital, any and all rights (including appeal rights), title and interest in any and all benefits, moneys or other form of compensation paid or to be paid on my behalf as a result of this injury/illness. I fully understand that I remain solely responsible for instituting suit within the applicable statute of limitations regardless of this Assignment and that the hospital is not in any form or fashion responsible for instituting suit on my behalf. I understand and agree that this Assignment does not relieve me of my liability or responsibility for any and all charges incurred as a result of medical goods and services provided to me/my child/my ward by the hospital.

**NOTICE TO ALL PATIENTS -**

PHYSICIANS WHO TREAT PATIENTS IN THIS FACILITY ARE NOT EMPLOYEES OF CHILDREN'S MEDICAL CENTER OF DALLAS BUT ARE INDEPENDENT CONTRACTORS OR EMPLOYEES OF OTHER INSTITUTIONS. I UNDERSTAND THAT I WILL RECEIVE A SEPARATE BILL FOR PHYSICIAN SERVICES.

**Notice Concerning Complaints**

Complaints about physicians, as well as other licensees and registrants of the Texas State Board of Medical Examiners, including physician assistants and acupuncturists, may be reported for investigation at the following address:

Texas State Board of Medical Examiners Attention: Investigations, 1612 Centre Creek Drive, Suite 300, P.O. Box 149134 Austin, Texas 78714-9134

Assistance in filing a complaint is available by calling the following telephone number 1-800-201-9353

• OUTPATIENT CLINIC CONSENT VALID THROUGH \_\_\_\_\_

I hereby acknowledge that I have read and I understand the above Registration/Admission Agreement.

Patient/Patient Representative

Date

Relationship to Patient

Hospital staff witness signature

Date

CMC87005-001 (10/99 #1019)

**MEDICAL RECORDS**



REG1019

**CHILDREN'S MEDICAL CENTER OF DALLAS**  
1935 Motor Street • Dallas, Texas 75235 • (214) 458-7000

**RELEASE OF INFORMATION**

MED RE

PATIENT

DATE

DOB

1082807

ARMSTEAD, JERRET

12/24/00

06/02/00 D

24392151

EQC

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I

**PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION****1 Release of Information/Medical Records**

I hereby consent and authorize the hospital and my/my child/my ward's attending, consulting, treating or physician, providing medical goods and services to me/my child/my ward to release information contained in any financial records and/or medical records, including diagnosis and treatment at the hospital or by any physician providing medical goods and services to me/my child/my ward, including, but not limited to, information concerning communicable diseases such as Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory tests results, medical history, treatment progress, and/or any other such related information to (1) My/my child/my ward's Insurance Company, self-funded or health plan, its agent representatives, attorneys or independent contractors, (2) Medicare, (3) Medicaid, (4) any other person or entity that may be responsible for paying or processing for payment any portion of my/my child/ my ward's hospital bill, (5) to any person or entity affiliated with or representing the hospital and any physician providing medical goods and services to patient for the purpose of administration, billing, and quality and risk management, or (6) to any other hospital, nursing home, at other healthcare institution to which I/my child/my ward is transferred. This consent and authorization applies to financial and/or medical records created in the course of and relating to this, or subsequent, hospitalization. I/my child/my ward understands that this information may be required to be released in order to obtain payment for my/my child/my ward's medical expenses incurred for treatment at the hospital and by any physician providing medical goods and services to me/my child/my ward. I also authorize the release of medical information to organ/tissue transplant agencies should I/my child/my ward be identified as a potential organ donor. The consent to release medical information is subject to revocation by me in writing at any time, except to the extent that action has been taken.

Unless you request otherwise, your/your child's/your ward's name is added to the hospital patient admission list and Patient Unit Tracking Board upon your/your child's/your ward's admission. This allows the Hospital to acknowledge to others you/your child's/your ward's presence and room number and allows you/your child/your ward to receive telephone calls, flowers, mail and visitors. The Hospital may acknowledge your/your child's/your ward's condition with a one word statement (good, fair, serious, critical) upon request.

Initial here if you wish to have you/your child/your ward a no information patient

**2 MEDICARE ONLY**

Patient's Certification and Authorization to Release Information, and Payment Request

I certify that the information given by me/my child/my ward in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my/my child/my ward's behalf.

I hereby acknowledge that I have been informed of my right to receive an itemized bill within 30 days from the date of discharge by calling (214) 458-8224.

I hereby acknowledge that I have read and I understand the above Release of Information

Patient/Patient Representative

Relationship to Patient

Hospital staff witness signature

Date

Date



NTAP

**CHILDREN'S MEDICAL CENTER OF DALLAS**  
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

**NOTICE TO ALL PATIENTS**

1082807 24392151  
ARMSTEAD, JERRET  
12/24/00 EQC  
06/02/00 D T I

DORS

**NOTICE TO ALL PATIENTS**

The physicians who treat you/your child at Children's Medical Center of Dallas ("Children's") are not employees or agents of Children's. They are either (i) independent physicians engaged in the private practice of medicine who have staff privileges at Children's; (ii) independent physicians who are independent contractors and have staff privileges at Children's; (iii) physicians employed by the University of Texas Southwestern Medical Center or another institution who have staff privileges at Children's; or (iv) physicians participating in the care of patients as part of a post-graduate medical education program.

K Lovette Armstead  
Signature

12-24-00  
Date

K Lovette Armstead  
Print Name

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## TRIAGE

**CHILDREN'S MEDICAL CENTER OF DALLAS**

**1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000**

**EMERGENCY REFERRAL CENTER**

## TRIAGE RECORD

MED 9-

PATHE 1082807 243 JERRET

24392151

DATE 12/24/00

DATE, 12/21/00  
06/02/00

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7.55  
~~7.55~~

TRIAGE/ASSESSMENT																																																													
Triage Time <u>0757</u>		Date _____																																																											
<b>Triage Level /</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <b>Disposition</b> <input type="checkbox"/> Emergency Center <input type="checkbox"/> Quick Care <input type="checkbox"/> Parkland Fast-track Clinic		<b>Arrival Mode</b> <u>3</u>																																																											
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		<b>Pertinent vital signs:</b> <u>36.3</u> <b>Temp</b> _____ <b>Respiratory</b> <u>36</u> <b>Pulse</b> <u>32</u> <b>wt</b> _____																																																											
<b>Past medical / Surgical history:</b> <div style="font-size: 1.5em; margin-top: 10px;">0</div>		<b>MENTAL STATE</b> <input checked="" type="checkbox"/> Alert, responsive <input type="checkbox"/> Combative <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Sleeping, easily aroused <input type="checkbox"/> Lethargic <input type="checkbox"/> Crying, consolable <input type="checkbox"/> Unresponsive																																																											
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1082807 24401259  
ARMSTEAD, JERRET  
12/22/00 TRI  
06/02/00 D T I

LAS  
000

MED REC NO \_\_\_\_\_ ACCT NO \_\_\_\_\_

PATIENT Armstead, Jerod

DATE 12-22-00 LOCATION 6m

DOB 6-2-00

2122

TRIAGE/ASSESSMENT	
Triage Time <u>2:32</u>	Date _____
<b>Triage Level / Disposition</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Emergency Center <input type="checkbox"/> Quick Care <input type="checkbox"/> Parkland Fasttrack Clinic	<b>Arrival Mode</b> <u>6m</u>
<b>Exposures</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, to what? _____	<b>Trauma patient</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>English speaking</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Chief complaint / Present illness:</b> <u>Cough</u> <u>vomiting</u>	
<b>Pertinent physical signs:</b> Temp _____ Respiratory _____ Pulse _____ wt _____	
<b>MENTAL STATE</b> <input type="checkbox"/> Alert, responsive <input type="checkbox"/> Combative <input type="checkbox"/> Oriented <input type="checkbox"/> Confused <input type="checkbox"/> Sleeping, easily aroused <input type="checkbox"/> Lethargic <input type="checkbox"/> Crying, consolable <input type="checkbox"/> Unresponsive	
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<b>Past medical / Surgical history:</b> <u>AD</u>	
<b>RN Signature</b> _____ <b>Date</b> _____	
PRIMARY/ASSESSMENT	
Time in room _____	Assessment time _____
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<b>Additional Notes:</b> <u>Phon decided to take pt home</u> <u>@ 2:35</u>	

<b>Children's Medical Center</b> <b>Dallas</b> <b>1935 Motor Street</b> <b>Dallas, Texas 75235</b> <b>214-456-7000</b>		<b>Legacy</b> <b>7601 Preston Road</b> <b>Plano, Texas 75024</b> <b>469-303-7000</b>	<b>Patient: ARMSTEAD, JERRET</b> <b>MRN: 001082807</b> <b>FIN: 61732439</b> <b>DOB: 06/02/2000 - Age 9 years - Male</b> <b>Patient Location: 4C</b>
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## H e m a t o l o g y

### COMPLETE BLOOD COUNT

Date Collected 09/21/09  
Time Collected 22:04:00

<u>Procedure</u>		<u>Ref Range</u>	<u>Units</u>
<b>Hgb</b>	12.5	[11.8-15.2]	g/dl

## D i a g n o s t i c R a d i o l o g y

◆ <b>Procedure:</b>	Exam Date / Time:	Ordering Physician:	Accession Number:
<b>RA Chest Single View</b>	09/21/2009 22:15:00	MURPHY, MD JOSEPH T	RA-09-0118638
<b>Portable</b>			

### Reason for Exam

stabbing

### Report

**FINDINGS:** The trachea is normal in alignment. The aortic arch is left-sided. The cardiac silhouette is normal in size. The lungs are clear and well expanded. No effusions are present. The regional osseous structures demonstrate no abnormality. No radiopaque foreign body is present. Mild right axillary soft tissue prominence.

**IMPRESSION:** CLEAR LUNGS. RIGHT AXILLARY SOFT TISSUE PROMINENCE. NO RADIOPAQUE FOREIGN BODY.

\*\*\*FINAL REPORT\*\*\*

Dictated Date and Time: 22-SEP-09 08:24

Dictated by: KWON, MD JEANNIE K  
 Signing Radiologist: KWON, MD JEANNIE K

Signed: 22-SEP-09 08:44  
 KWON, MD JEANNIE K  
 ( Electronic Signature )



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

## History & Physical Notes (continued)

Related Related note by Karen Chen, MD at 09/21/09 2233

Notes:

9 y.o. old male with no past medical history who was brought in as a for a stab wound to the abdomen by knife. Vitals stable. Well appearing male in NAD

ABD benign.

Plan to OR for exploration

H&P signed by Karen Chen, MD

09/21/09 2233

Author: Karen Chen, MD. Specialty: (none) Author Type: Resident

Filed: 09/21/09 2233 Note Time: 09/21/09 2218

Related Cosigned by Joseph T. Murphy, MD at 09/21/09 2236

Notes:

## Surgical Admission History and Physical

### Source of Information:

EMS, patient

**Chief Complaint:** Stab wound to abdomen

**History of Present Illness:** Jerret Armstead is a 9 y.o. old male with no past medical history who was brought in as a Stat trauma for a stab wound to the abdomen by knife. The patient was coming home with his mother and aunt where the assailant was waiting. The mother and aunt were both killed at the scene. The patient had a stab wound to the RLQ and the assailant attempted to cut his throat but was using the blunt side of the knife so the patient sustained an abrasion along the anterior neck. The patient's vitals have been stable (BP 120/78, HR 98, O2 sat 100, RR 22) and he required no blood en route. FAST negative. Hemocue 12.5

### Past History:

No birth history on file.

Allergies: has no known allergies.

Nutrition: regular

Last Oral Intake: 6pm today

No prescriptions prior to admission.

### Past Medical History:

No past medical history on file.

No past surgical history on file.

### Family History:

No family history on file.

### Social History:

No existing history information found.

No existing history information found.



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## History & Physical Notes (continued)

### Review of Systems:

General	normal
HEENT	normal
Respiratory	normal
Cardiovascular	normal
Gastrointestinal	normal and no abdominal pain
Hematologic	normal
Genitourinary	normal
Musculoskeletal	normal
Neurologic	normal
Endocrine	normal
Skin/ Hair	normal
Psych/ Behavior	non-contributory
Allergic/ Immune	normal

### Physical Exam:

General: Well developed, well nourished and in no acute distress. and Alert and cooperative.

HEENT: Normocephalic, pupils equal, round and reactive to light, nasopharynx and oropharynx clear.

Abrasion along anterior neck zone I. Light ecchymoses <0.5cm along lower half of face.

Neck: Supple, no abnormal adenopathy, trachea midline.

Cardiovascular: Regular rate and rhythm.

Respiratory: Clear to auscultation bilaterally, no wheezing, rales or rhonchi.

Abdomen: Soft, non-distended, non-tender, without organomegaly or mass. Normal, active bowel sounds and 1.5 cm skin wound in RLQ, small 1cm abrasion on right side of low back. Abrasion on LUQ.

Rectal: Normal appearance, normal location, normal tone and stool Guaiac negative.

Genitalia: Normal development.

Extremities: Pulses equal and symmetric and Normal - no clubbing, cyanosis or edema

Neurological: No gross deficit

Skin: laceration RLQ of abdomen, abrasion to neck and right low back and RUQ, ecchymoses about lower right face

Psychological: Responsive, mental status normal for age.

### Laboratory Data:

CBC, UA pending

### Radiologic Studies:

CXR

**Assessment:** 9y M s/p traumatic stab wound to RLQ.

### Plan:

--follow up CXR, labs

--IV unasyn, flagyl

--posted for OR for diagnostic laparoscopy



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**History & Physical Notes (continued)**



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Adm: 09/21/2009, D/C: 09/22/2009

## Admit, Transfer, Discharge, Consult Orders

### Admission Orders

ADMISSION BED REQUEST ORDER [10597646]

Signed

Entered by:	Shekela Neal-Woodard 09/21/09 2339	Ordered by:	Shekela Neal-Woodard
Signed by:	Shekela Neal-Woodard 09/21/09 2339	Authorized by:	Joseph T. Murphy, MD
Cosign:	Not Required	Frequency:	Routine 1 Time 09/21/09 2335 - 1 Occurrences
Question:	Bed type	Response:	Regular Bed
	Admit To:		Dallas
	Diagnosis		S/P LAPAROTOMY
	Accepting Attending Physician		MURPHY, JOSEPH T.
	Sending Physician Contact Name:		MURPHY, JOSEPH T.
	Sending Attending Physician Contact		90040
	Pager/Phone:		
	Patient Class:		In-Patient

### Transfer Orders

No orders found

### Discharge Orders

DISCHARGE PATIENT [11371481]

Signed

Entered by:	Mahima Chukkala 09/22/09 1331	Ordered by:	Mahima Chukkala
Signed by:	Mahima Chukkala 09/22/09 1331	Authorized by:	Kathleen Frances Corcoran, RN, PNP
Ordering Mode:	Written by Mahima Chukkala	Cosign:	Not Required
Frequency:	Routine 1 Time 09/22/09 1332 - 1 Occurrences		

### Consult Orders

No orders found

### Chief Complaint

Stab Wound [160541]

### Diagnosis

Stab Wound of the Abdomen

### ED Disposition

Admit

Sing-Yi Feng, MD

### History & Physical Notes

H&P signed by John W. Zhong, MD

09/21/09 2251

Author:	John W. Zhong, MD	Specialty:	Anesthesiology	Author Type:	Anesthesiologist
Filed:	09/21/09 2251	Note Time:	09/21/09 2250		

### Surgical Admission History and Physical

#### Source of Information:

EMS, patient

**Chief Complaint:** Stab wound to abdomen

**History of Present Illness:** Jerret Armstead is a 9 y.o. old male with no past medical history who was brought in as a Stat trauma for a stab wound to the abdomen by knife. The patient was coming home with





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### History & Physical Notes (continued)

his mother and aunt where the assailant was waiting. The mother and aunt were both killed at the scene. The patient had a stab wound to the RLQ and the assailant attempted to cut his throat but was using the blunt side of the knife so the patient sustained an abrasion along the anterior neck. The patient's vitals have been stable (BP 120/78, HR 98, O2 sat 100, RR 22) and he required no blood en route. FAST negative. Hemocue 12.5

#### Past History:

No birth history on file.  
Allergies: has no known allergies.  
Nutrition: regular  
Last Oral Intake: 6pm today

No prescriptions prior to admission.

#### Past Medical History:

No past medical history on file.  
No past surgical history on file.

#### Family History:

No family history on file.

#### Social History:

No existing history information found.  
No existing history information found.

#### Review of Systems:

General	normal
HEENT	normal
Respiratory	normal
Cardiovascular	normal
Gastrointestinal	normal and no abdominal pain
Hematologic	normal
Genitourinary	normal
Musculoskeletal	normal
Neurologic	normal
Endocrine	normal
Skin/ Hair	normal
Psych/ Behavior	non-contributory
Allergic/ Immune	normal

#### Physical Exam:

General: Well developed, well nourished and in no acute distress. and Alert and cooperative.  
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Abrasion along anterior neck zone I. Light ecchymoses <0.5cm along lower half of face.  
Neck: Supple, no abnormal adenopathy, trachea midline.  
Cardiovascular: Regular rate and rhythm.  
Respiratory: Clear to auscultation bilaterally, no wheezing, rales or rhonchi.



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### History & Physical Notes (continued)

Abdomen: Soft, non-distended, non-tender, without organomegaly or mass. Normal, active bowel sounds and 1.5 cm skin wound in RLQ, small 1cm abrasion on right side of low back. Abrasion on LUQ.  
Rectal: Normal appearance, normal location, normal tone and stool Guaiac negative.  
Genitalia: Normal development.  
Extremities: Pulses equal and symmetric and Normal - no clubbing, cyanosis or edema  
Neurological: No gross deficit  
Skin: laceration RLQ of abdomen, abrasion to neck and right low back and RUQ, ecchymoses about lower right face  
Psychological: Responsive, mental status normal for age.

**Laboratory Data:**  
CBC, UA pending

**Radiologic Studies:**  
CXR

**Assessment:** 9y M s/p traumatic stab wound to RLQ.

**Plan:**  
--follow up CXR, labs  
--IV unasyn, flagyl  
--posted for OR for diagnostic laparoscopy

### Anesthesiologist Note

(ASA) Physical Status: 1E

Anesthesia Options and plan discussed with: trauma stat

Anesthesia plan (technique and agents): GA

John W. Zhong, MD  
9/21/2009 10:50 PM

&P signed by Joseph T. Murphy, MD

09/21/09 2236

Author: Joseph T. Murphy, MD Specialty: Pediatric Surgery  
Filed: 09/21/09 2236 Note Time: 09/21/09 2218

Author Type: Physician



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## Discharge Summaries (continued)

Notes:

### Discharge Summary

**Admit Date:** 9/21/2009

**Discharge Date:** 9/22/2009

**Attending Physician:** Dr. Murphy

**Admit Diagnosis:** stab wound

[]

**Discharge Diagnosis:** stab wound s/p laparoscopy

**Procedure performed:** On 9/21/09, the patient underwent laparoscopy, performed by Muryphy, MD.

**Consults:** REACH

**History of Present Illness/Hospital Course:** This is a 9 y.o. male who presented from EMS from stab wound to the abdomen inflicted by step father. Mother and sister were dead on the scene. Pt went to OR for laparoscopy on 9/21/09 with an uncomplicated post operative period.

Immunizations: Dtap ordered prior to discharge.

### Physical Examination:

Temp: 36.6 °C (97.9 °F) (09/22 0749)

Pulse: 74 (09/22 0855)

Resp: 22 (09/22 0855)

BP: 112/77 mmHg (09/22 0749)

SpO2: 99 % (09/22 0855)

Wt - Scale: 30 kg (66 lb 2.2 oz) (09/22 0053)

General: no acute distress, awake, alert and talkative with staff

Skin: Scabbed area noted on upper left scapula that was approximately 4 cm long. Scabbed area noted about 4cm long on right clavicle; Dime sized scabbed area noted on lower middle back; Old healed scar about 6cm long noted midline of middle back; Healing circular scar on inside of right elbow, patient doesn't know where it came from. Bruising to left side of face and large abrasion across his neck Warm and perfused

HENT: normocephalic, atraumatic and oropharynx clear with moist mucous membranes and no lesions

Eyes: PERRLA

Neck: supple

Lymphatic: No abnormal lymph node swelling or lymphagitis noted.

Cardiovascular: regular rate and rhythm, no murmurs, no rubs, gallops, or clicks, pulses 2+ bilaterally in the radial and femoral and peripheral capillary refill <3 seconds

Pulmonary/Chest: unlabored breathing and breath sounds clear to auscultation and equal throughout

Abdominal: soft, non tender, flat and bowel sounds hyperactive

Genito-Urinary: no genital lesions or rashes

Musculoskeletal: warm and well perfused and normal ROM

Neurological: Alert with normal tone. No gross deficit.

Psychological: Responsive, mental status normal for age



DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

ARMSTEAD, JERRET  
MRN: 1082807  
DOB: 06/02/2000, Sex: M  
Adm: 09/21/2009, D/C: 09/22/2009

## Discharge Summaries (continued)

### CMCD labs:

Results for orders placed during the hospital encounter of 09/21/09 (from the past 24 hour(s))

#### POC HEM

Collection Time

9/21/09 10:04 PM

Component

Value (\*Flag)

• Hgb

12.5

**Radiology:** CXR final report: clear lungs, no foreign body

### Discharge Instruction:

Call or return to ER if temperature is 101.5 degree Farenheit or higher, shortness of breath, difficulty breathing, severe abdominal pain, vomiting, redness, swelling, or discharge at incision site.

### Activity:

As tolerated. May return to school on Monday the 28th. No PE, contact sports, heavy lifting (>15lbs), or swimming x 2 weeks.

### Diet:

Regular

### Discharge Medications:

- 1) Tylenol 300mg by mouth every 4-6 hours as needed for pain or fever
- 2) Motrin 300mg by mouth every 6-8 hours as needed for pain or fever

### Follow up:

### Other appointments:

#### Future Appointments

Date	Time	Provider	Department	Center
10/19/2009	8:30 AM	1487-MURPHY, JOSEPH T.	DAL GenSurg	DALLAS



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### Surgery Information (continued)

#### PNDS Information (continued)

Impaired gas exchange (X21)  
Risk for infection (X28)  
Risk for injury (X29)  
Deficient knowledge (X30)  
Risk for allergic response to latex (X32)  
Acute pain (X38)  
Risk for imbalanced body temperature (X57)  
Impaired tissue integrity (X60)  
Impaired verbal communication (X64)  
Ineffective coping (X68)

### Case Completion Information

Incision Site	Laterality	Dressings
Abdomen	N/A	Mastisol Vial Steri Strips 1/2"x4"

### Case Completion - Additional Information

Pre-op diagnosis  
stab wound

Post-op diagnosis

### Log Verified By

BEAR-GARCIA, TOMI	9/21/2009	2311
NEDUVELIL, ROSE E	9/21/2009	2352
PANICKER, RAMA P	9/22/2009	0618

### Brief Operative Notes

OR Brief Op Note signed by Joseph T. Murphy, MD

09/21/09 2324

Author: Joseph T. Murphy, MD Specialty: Pediatric Surgery Author Type: Physician  
Filed: 09/21/09 2324 Note Time: 09/21/09 2322

#### Ped Surg Staff - Op Note

Pre-op Dx Stab Wound to the abdomen

Post-op Dx. Same

Procedures Diagnostic laparoscopy (neg. for intra-peritoneal injury)

Surgeons E. Perez MD; JT Murphy MD

Staff JT Murphy MD

Complication none

EBL 2cc

To PACU in good condition



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## Operative Reports

OR Operative Report signed by Joseph T. Murphy, MD

09/23/09 1219

Author: Joseph T. Murphy, MD Specialty: Pediatric Surgery Author Type: Physician  
Filed: 09/23/09 1219 Note Time: 09/21/09 2325  
Related Original note by Joseph T. Murphy, MD at 09/22/09 0800  
Notes:  
Trans ID: 1145658-1 Trans Available  
Status:

### CONFIDENTIAL INFORMATION DRAFT REPORT UNTIL SIGNED

MED REC NO: 0001082807  
PATIENT: Armstead, Jerret  
ADM DATE: 09/22/2009  
LOCATION: 4C C4274 1  
SURGERY DATE: 09/21/2009

ACCT NO: 0061732439  
DIS DATE:  
ENCOUNTER TYPE: I  
DOB: 06/02/2000

## OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: STAB WOUND TO THE ABDOMEN.

POSTOPERATIVE DIAGNOSIS: STAB WOUND TO THE ABDOMEN.

PROCEDURE (S): DIAGNOSTIC LAPAROSCOPY.

SURGEON: Joseph Murphy, MD

ASSISTANT: Eduardo Perez, MD

ANESTHESIA: General endotracheal anesthetic.

FINDINGS: No intraperitoneal injury or penetration.

PREOPERATIVE EVALUATION: This is a 9-year-old boy evaluated in the emergency room for stab wound to right lower quadrant. Upon discussion with next kin, an operative consent was obtained for diagnostic laparoscopy.

DESCRIPTION OF OPERATION: The patient was brought to the operating room, awake, alert in good condition. The patient underwent general endotracheal anesthetic induction and intubation without difficulty or incident. The abdomen was prepped and draped in sterile manner after placement of an NG tube and a Foley.

A 0.5-cm supraumbilical transverse incision was created sharply and down to the level of the fascia. The fascia was opened vertically and a 5-mm trocar s placed in the abdomen without injury to underlying intraabdominal structures. The abdomen was insufflated with CO2. A third-degree camera was introduced. The entirety of the anterior abdominal wall peritoneal surface was examined for injury. There was no



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### Operative Reports (continued)

peritoneal penetration from the stab wound in the right lower quadrant. The wound was probed from the outside while directly observing the peritoneum at risk. There was no obvious peritoneal penetration. The wound was copiously irrigated with saline. It was then closed with a single Monocryl skin reapproximating stitch after local infiltration of Marcaine. Camera was removed after examining the abdomen for \_\_\_ or blood, which there was none. The insufflation was relieved. The supraumbilical fascial defect was closed with simple figure-of-eight 0-Vicryl suture. Skin edges reapproximated at the site with horizontal mattress subcuticular 5-0 Monocryl suture. The wound was infiltrated with Marcaine and sterile dressing, Mastisol, and Steri-Strips.

The patient was allowed to awake from general endotracheal anesthetic. He did so without difficulty or incident. He was extubated in the operating room and transferred to the recovery room awake, alert in good condition, having tolerated all procedures well.

COMPLICATIONS: None.

BLOOD LOSS: 2 cc.

DRAINS: None.

SPECIMENS: None.

CONDITION: Good.

Signed by  
Joseph T. Murphy, MD 09/23/2009 12:19

Joseph T. Murphy, MD

JTM/NC

DD: 09/21/2009 DT: 11:25 P

TD: 09/22/2009 TT: 12:37 A

JOB #: 001118944 DOC #: 1145658

cc: Joseph T. Murphy, MD  
CMC-Surgery  
1935 Motor Street  
Dallas TX 75235





DALLAS  
1935 Medical District Drive  
Dallas, TX 75235

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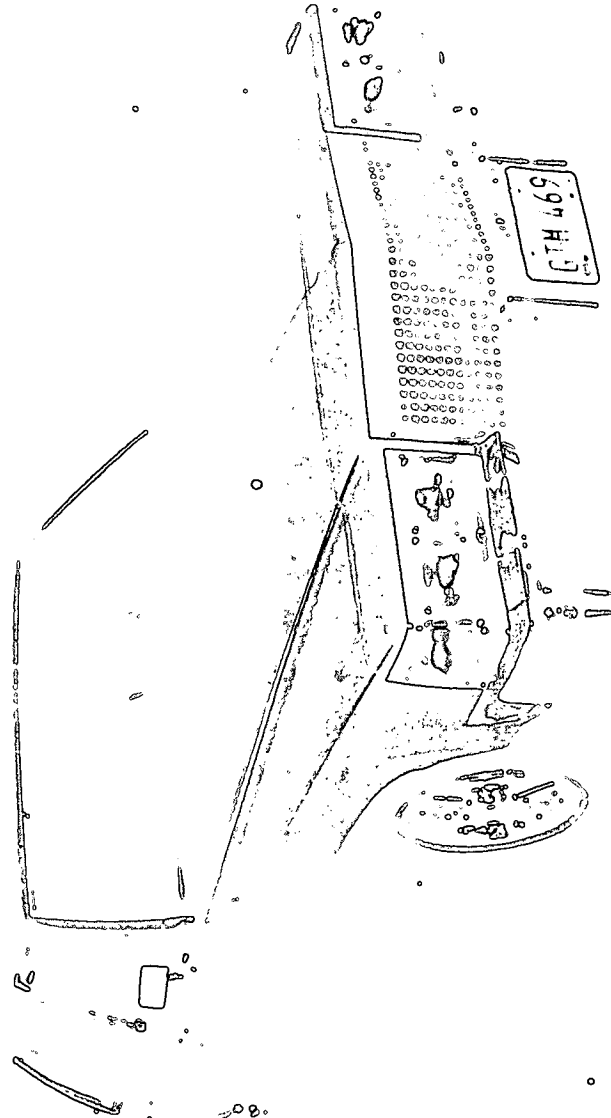
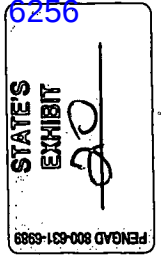
**Operative Reports (continued)**

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09/22/09 0800 OPERATIVE REPORT (SM) by: Joseph T. Murphy, MD

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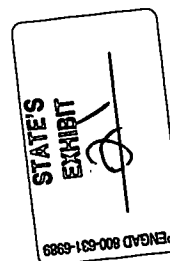


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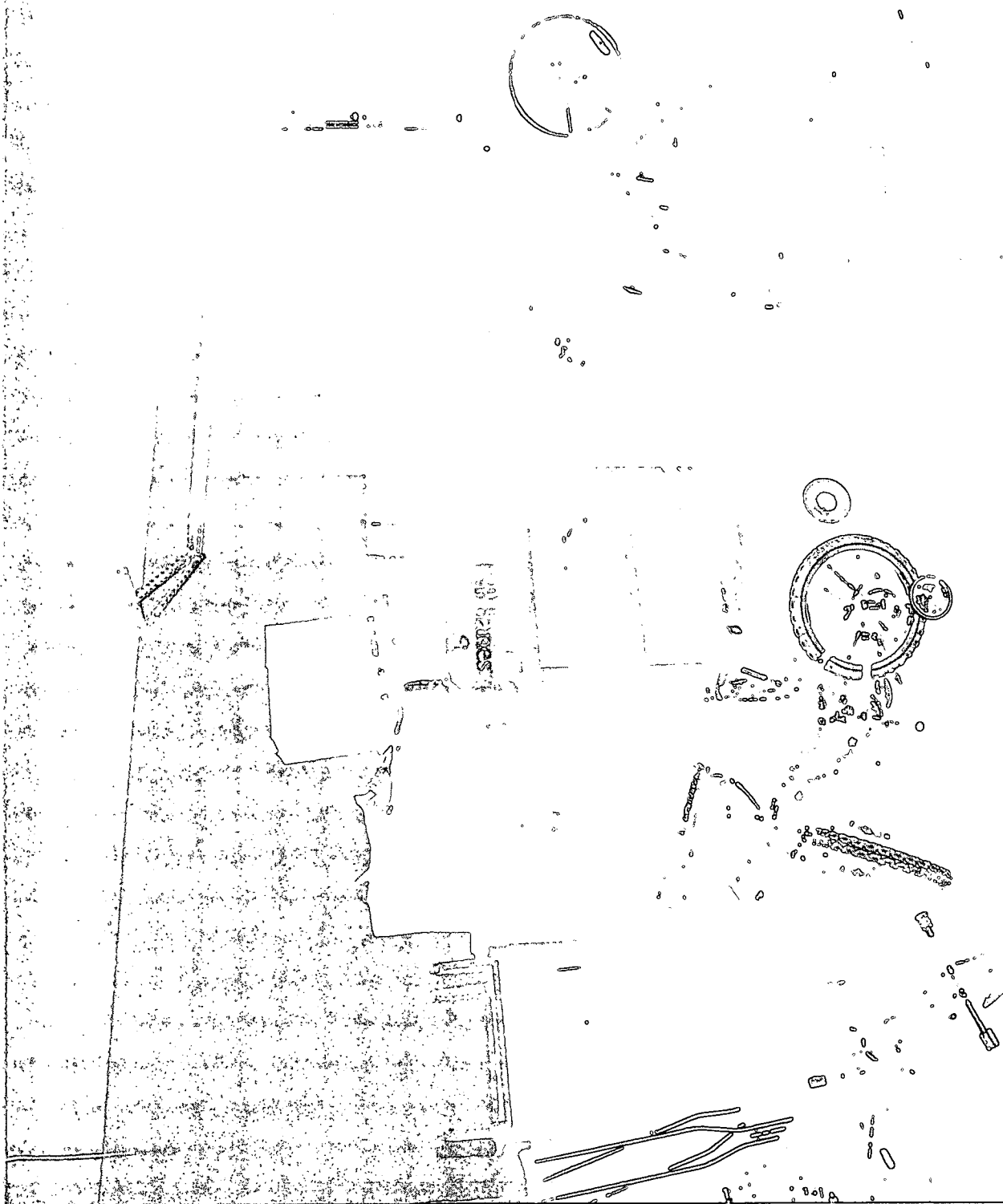
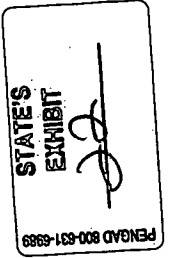


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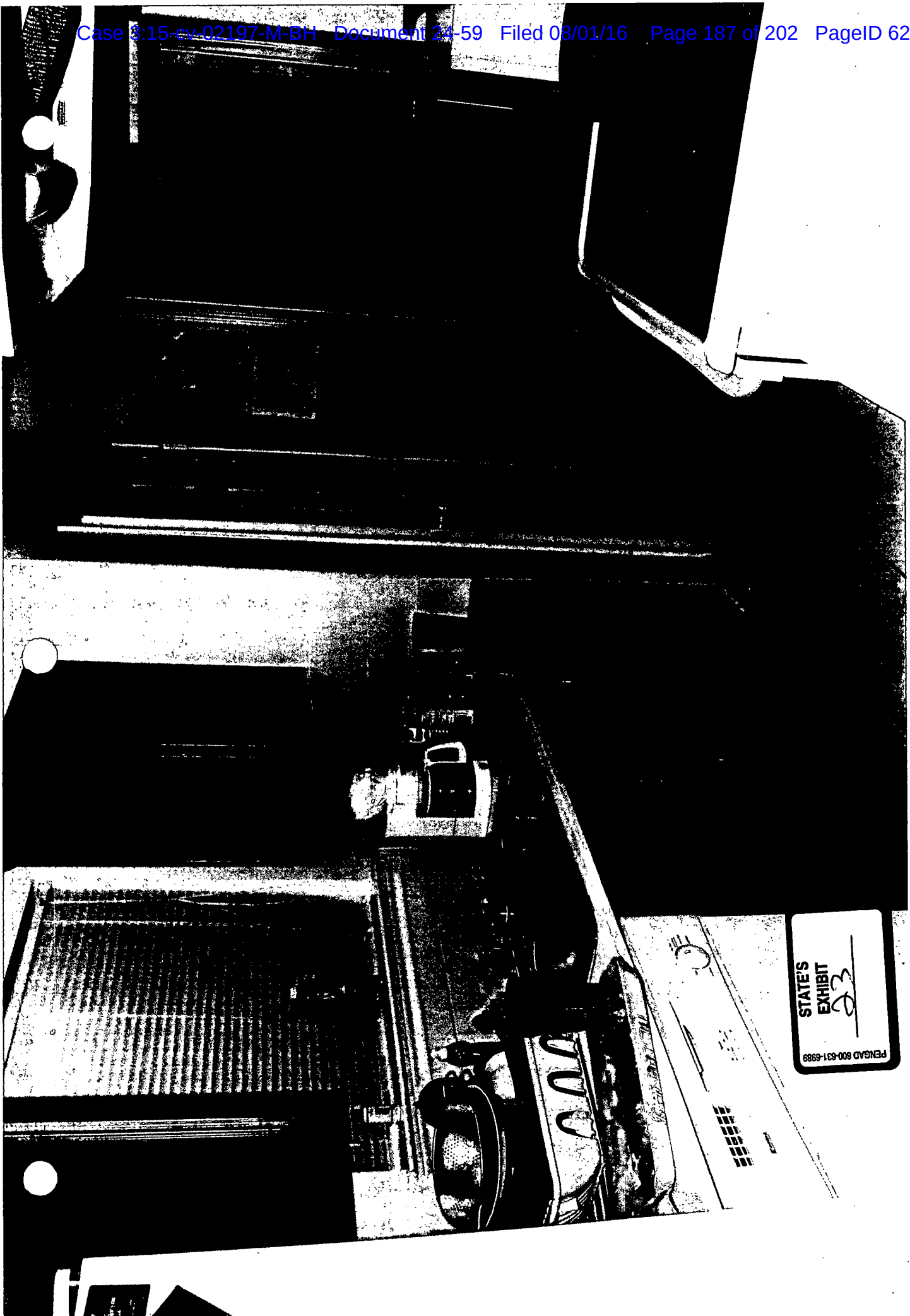
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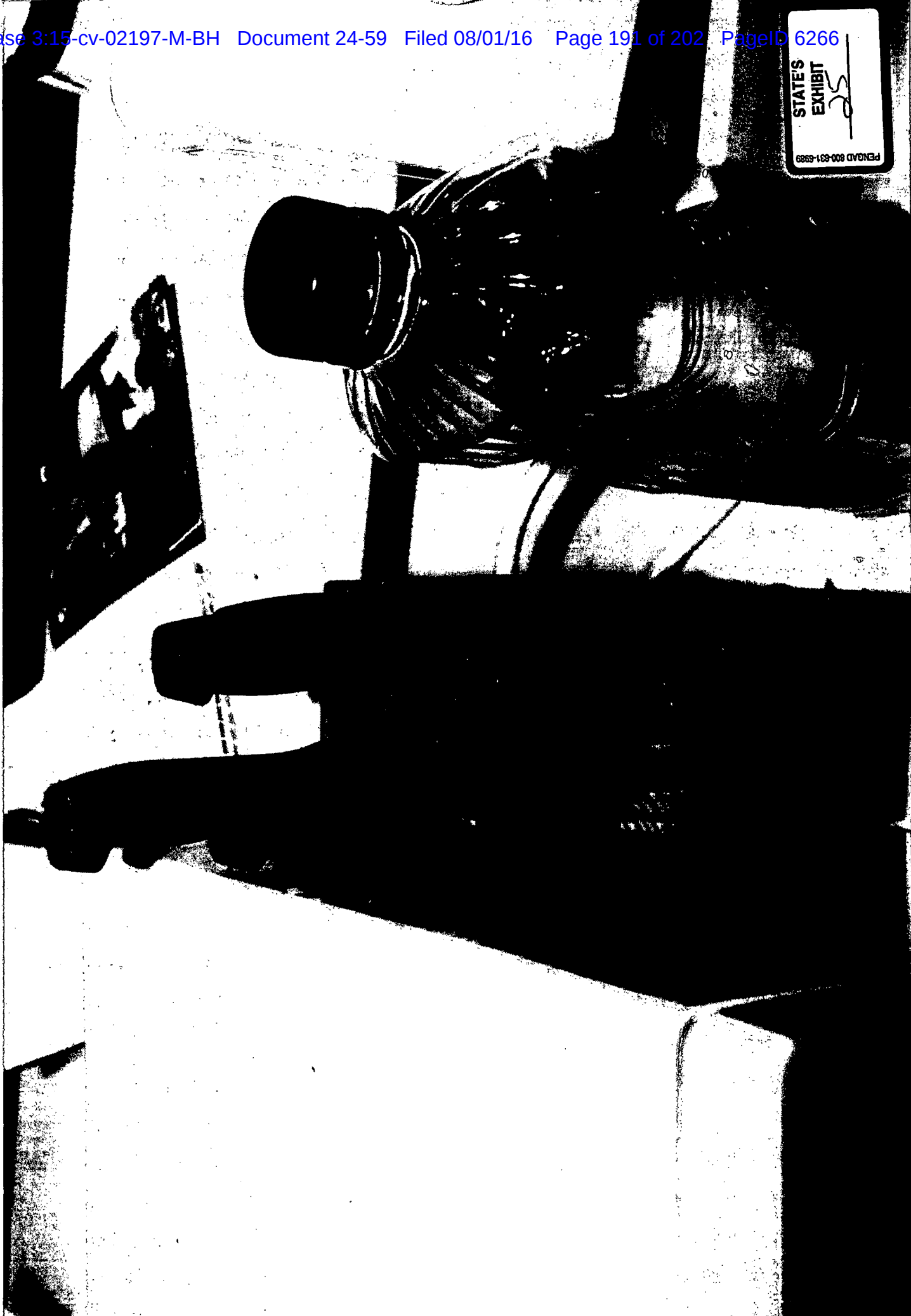
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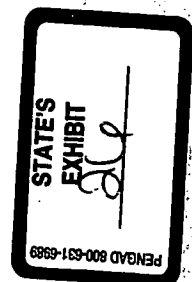
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State's Exhibit Number 26

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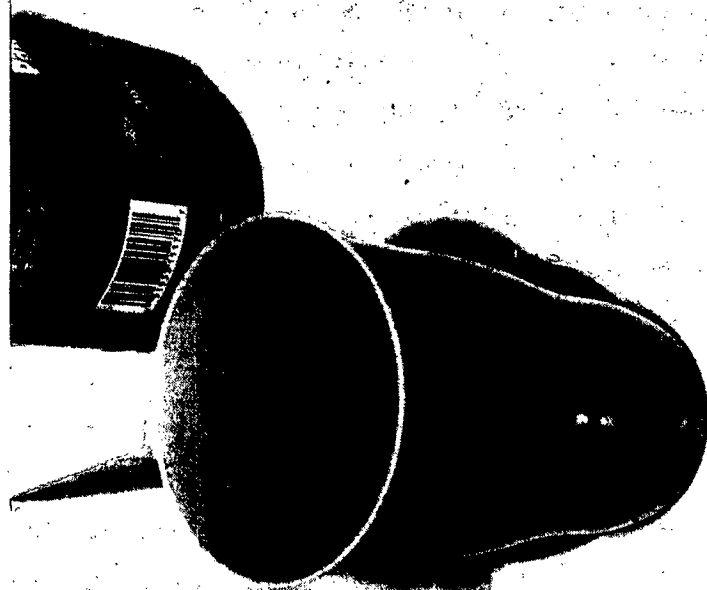
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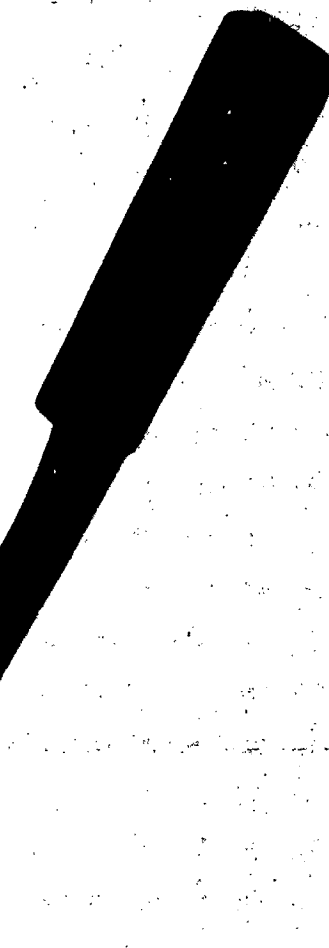
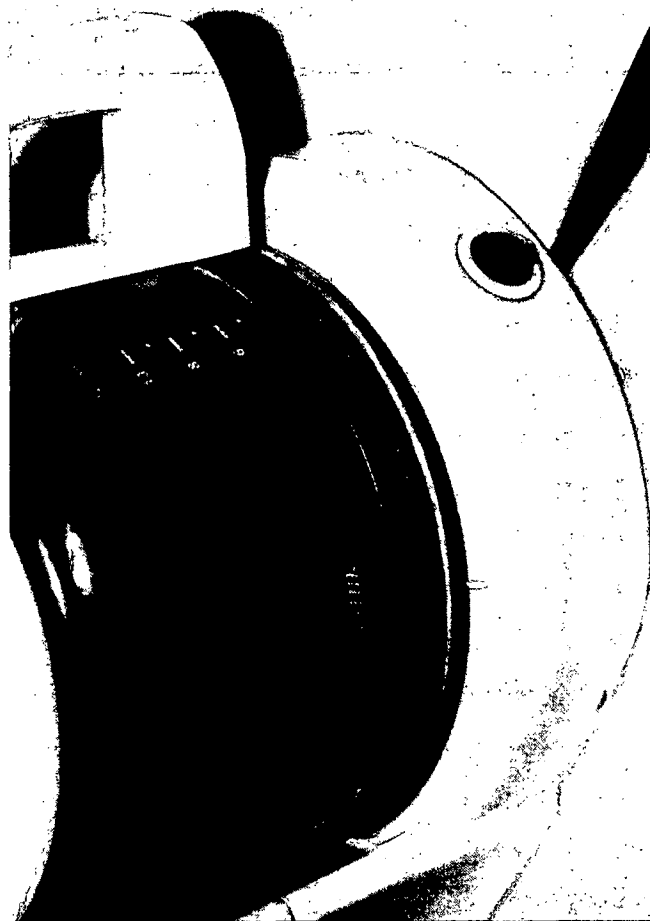


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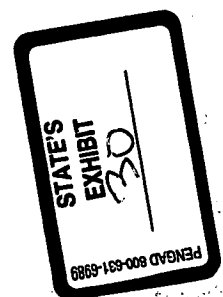
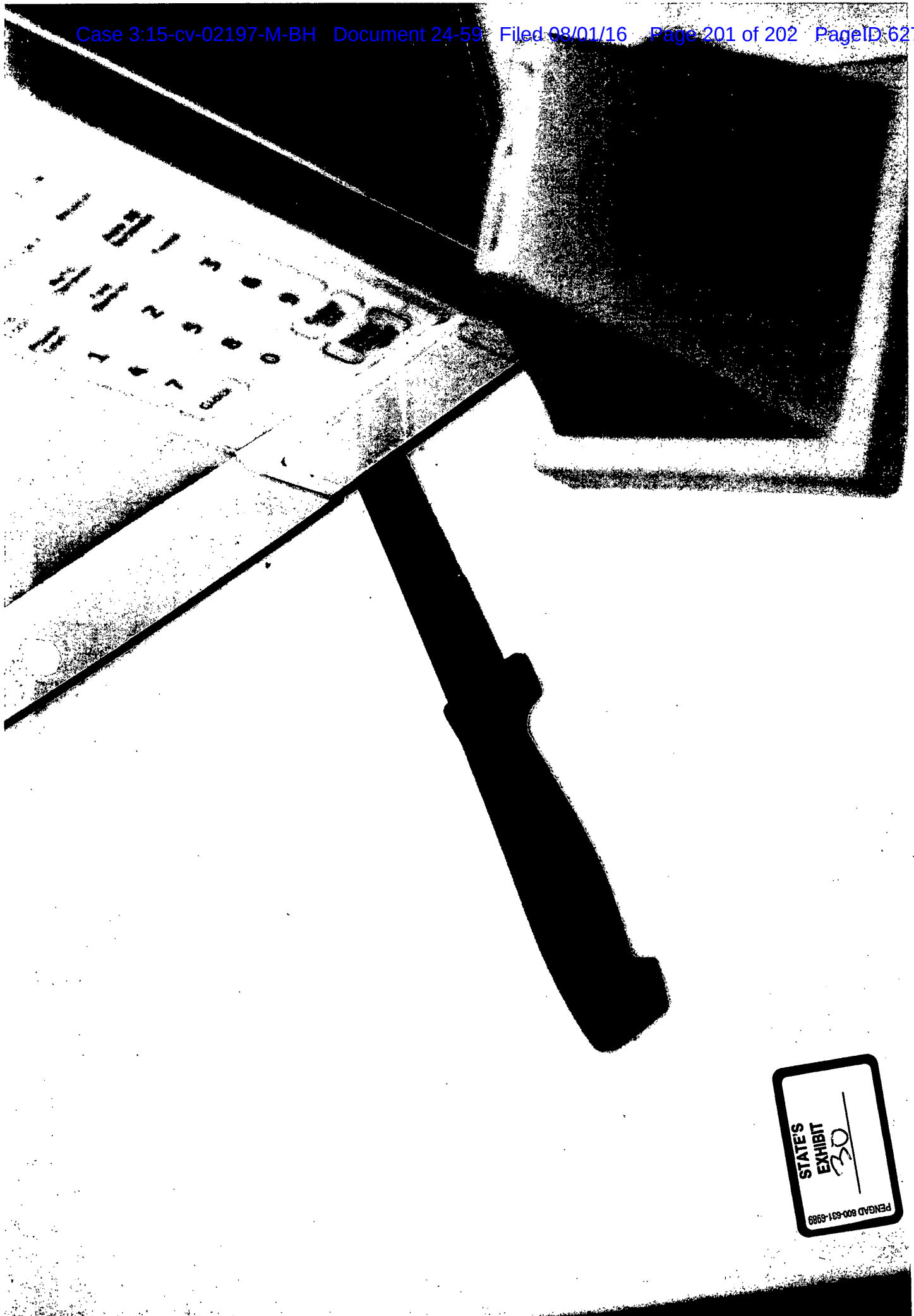


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